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29 May 1985

Worldwide Report

EPIDEMIOLOGY

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WORLDWIDE REPORT

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VIETNAM

COMPREHENSIVE PLAN TO IMPROVE HEALTH SERVICES UNDER WA

Kabul KABUL NEW TIMES in English 24 Mar 85 p 4

[Text] The Ministry of Public Health of the DRA has prepared and begun the implementation of a comprehensive plan for improving health services for the years 1984-1986 with the cooperation of all concerned institutions. This plan embraces all spheres of public health activities.

The campaign against tuberculosis has a special place in the plan.

In implementing the plan the National Institute for Campaign Against Tuberculosis has already achieved notable successes by adopting necessary and timely measures for rendering prophylactic and therapeutical treatment to patients. All these gains have been made in conditions when the undeclared war against our people and revolution is continuing.

According to a resolution, adopted by the Council of Ministers of the DRA on April 23, 1984 the current Afghan year was proclaimed a year of campaign against tuberculosis throughout the country.

On the basis of the resolutions of the Council of Ministers the in-patient treatment facilities for tuberculosis patients have been expanded in the women's sanatorium and Aliabad Hospital and a number of beds in Marwand Hospital have recently been added for children suffering from tuberculosis. It is expected that the number of the beds in each of these hospitals for tuberculosis will reach 50 in the future.

Simularly, the hospitals in provinces, particularly in the tuberculosis zones (Nangarhar, Balkh and Herat) have ten beds each for the admission of patients afflicted with tuberculosis. It is envisaged to increase the number of beds and facilities for the admission of patients afflicted with tuberculosis, particularly school children, throughout the country.

A spokesman of the National Institute for Campaign Against Tuberculosis in an interview with our reporter added: "To provide more facilities for the working people of the country, special sections have been set up in the city policlinics, child and mother care clinics in Kabul to detect and admit tuberculosis patients and to vaccinate others against this dise-

ase.

"This institute also conducts anti-tuberculosis programme in the clinics of the armed forces, police and the State Information Services. This programme will be implemented in the provinces as well in the coming Afghan year (beginning March 21).

"The programme giving BCG vaccination to the population is being implemented at nation-wide level by the mobile and stationary teams of the institute. Particularly children under 15 are being protected against this disease.

The spokesman added: "Before the revolution we did not have any concrete assessment of the incidence of this disease. However, after the victory of the April Revolution specific measures have been taken towards this end. For instance, a national survey of tuberculosis was completed in 1982 the results of which are being used now".

Talking about the activities of his institute the spokesman said: "As a whole during the current Afghan year BCG vaccines were applied to over 122,000 people, the phlegm of over 30,000 persons examined, radio-graphs of around 46,000 patients were taken and culture test was carried on over 1,000 people."

The Department also enjoys the cooperation of Soviet Experts in using new methods and systems in the campaign against tuberculosis and treating TB the patients.

"The duration of treatment at a TB patient has been fixed 12-16 months taking in view the state of his health.

The tuberculosis centre was established in 1954 and its activity was limited to Kabul city only. However, after the victory of the April Revolution, due to the permanent attention of the party and state to medical services, the area of institute's activities has extended to all over the country.

Now, this institute has the modern and well-equipped departments for diagnosis, laboratory tests radigraphy medical propaganda, drug distribution centre and so on".

Concluding his interview the spokesman said: "The graduates of State Medical Institute of Kabul constitute the professional personnel of this institute. Furthermore, the World Health Organisation (WHO), the department of cadres and employment and the international relations department of the Ministry of Public Health also send a number of youth to foreign countries, particularly to friendly countries to be educated in this field. For the professional learning of the personnel, in-service courses and seminar are also held in the institute."

CSO: 5400/4707

BANGLADESH

GOVERNMENT EFFORTS TO CONTROL DIARRHEA TOLD

Dhaka THE BANGLADESH TIMES in English 18 Mar 85 pp 1, 12

[Text] Health Minister Major General Shamsul Huq on Sunday termed diarrhoea as the "second largest killer in the developing world" and said the government of Bangladesh had developed a national strategy for controlling this menacing disease.

Inaugurating a five-day Asian regional Oral Rehydration Therapy (ORT) meeting at a local hotel, General Huq said training in controlling diarrhoea in Bangladesh had already underway at all the 468 upazilas, the medical colleges and government institutions. "We have also developed a text book on diarrhoeal disease for use in medical college curricula. A National Oral Rehydration project has been established to promote this therapy nationwide," he said.

The meeting, sponsored jointly by ICDDR,B, PRITECH and USAID, is the follow-up of the International Conference on Oral Rehydration Therapy (ICORT) held in Washington in June 1983. About 60 participants from Bangladesh, Burma, India, Indonesia, Nepal, Pakistan, Philippines, South Pacific, Sri Lanka and Thailand are taking part in the meeting which is expected to provide a forum for discussion on problems in the implementation of ORT programmes, to explore potential solutions and to provide an opportunity to share information and draw on experience of the Asian participants. Besides, representatives of WHO, UNICEF, Ford Foundation, Population Services International, Save the Children Fund, PRITECH, USAID and ICDDR,B are attending the meeting.

The inaugural session of the meeting was also addressed by Mr W.B. Greenough, Director of ICDDR,B, Acting Director of USAID Mr William Joslin and Mr M.R. Bashir, Associate irector of the ICDDR,B.

Maj Gen Shamsul Huq said it was estimated that one billion episodes of serious diarrhoea occur every year, claiming approximately six million lives and debilitating millions more. "Diarrhoea strikes silently and swiftly, death often occurs within hours of the onset of the disease. This gives the victims in developing countries very little time to seek medical help, if it is even available as is often not the case in remote rural areas," he said.

The Health Minister said the government of Bangladesh had taken leadership in combating this deadly disease and it was proud to have the ICDDR,B based in Bangladesh.

Gen Huq said the ICDDR,B being the pioneer organisation on research and training in diarrhoeal disease, had made remarkable contributions in combating diarrhoea. In this connection he pointed to "the Dhaka solution" which is now being distributed world-wide by the UNICEF and WHC. "This simple, inexpensive technology is saving millions of lives in the developing world," he said.

General Huq also referred to the cereal based ORS and its therapy developed by the ICDDR,B and said this was the newest and most promising of the answer to the treatment of diarrhoea. He said the research carried at ICDDR,B had led to the development of a new oral cholera vaccine. In collaboration with the government of Bangladesh and the WHO, this vaccine was now being field tested in the Matlab area of Bangladesh, he said.

Mr W.B. Greenwough said oral rehydration therapy had grown from the seeds of scientific research on diarrhoea planted in Dhaka more than 20 years ago. "It presents a unique challenge to all who are concerned with health in all countries but especially in technologically developing countries where diarrhoea takes its greatest toll."

According to an ICDDR,B source, the topics of discussion at the meeting will include the latest developments in the formulation of oral rehydration salts; the implementation monitoring and evaluation of programmes; barriers to the use of ORT and ways to create increased demand for ORS.

Later, the Health Minister opened an ORS display centre in the hotel.

CSO: 5450/0113

BANGLADESH

BRIEFS

'SKIN DISEASE' OUTBREAK--Ishurdi, March 17--Skin disease has broken out in the rural and the urban areas of Ishurdi Upazila. A large number of people have been suffering from the disease. The children and the women are the worst sufferers. The scarcity of necessary medicines at the Upazila complex has aggravated the situation. [Text] [Dhaka THE BANGLADESH OBSERVER in English 19 Mar 85 p 7]

SMALLPOX IN BARISAL--Barisal, March 20--Smallpox has broken out in Barisal town. It is learnt almost all the houses have been affected by smallpox. Children are the worst sufferers. It is, however, learnt that anti-smallpox measures have been taken to combat the disease. [Text] [Dhaka THE NEW NATION in English 22 Mar 85 p 3]

MALARIA OUTBREAKS REPORTED--Rangamati, March 20--Malaria has broken out in Chittagong Hill Tracts Zone. About 50 persons died and at least 200 were suffering from Malaria in these districts during the last 3 months. As a result, settlers have left from different settlers' zone. According to sources a total of 450 settled families left Aziznagar Chambi Pitung Settler Zone under the district of Banderban due to adverse climatic condition and Malaria and lack of agricultural infrastructure recently. According to Aziznagar Union Parishad Chairman a total of 2301 families from different parts of the country settled under the said project in Banderban since 1982. The settled families who have been rehabilitated at Aziznagar of Lama Upazila in Bandarban are being provided with different facilities in order to enable them to adopt their new life permanently. Our Netrakona Correspondent adds: Malaria has broken out here. Mr Goutam Dutta, a prominent student leader, died at the Netrakona Hospital after a short illness. He was suffering from Malaria. Late Goutam Dutta was a student of Netrakona Government College and was the Organising Secretary of the Netrakona District Unit of Bangladesh Chhatra League. He was the eldest son of Ustad Gopal Dutta. [Text] [Dhaka THE BANGLADESH OBSERVER in English 23 Mar 85 p 2]

CSO: 5450/0017

BARBADOS

BRIEFS

DECLINE IN GASTROENTERITIS--The number of gastroenteritis cases in Barbados is now on the decline. Figures released from the Ministry of Health show a gradual decrease in the number of children cases admitted to the hospital last month. According to the figures, 222 cases of children under 12 years had been recorded for the week ending March 4. By the end of the next week these had decreased to 178 of the first group and 143 for the second. The weeks ending March 18 and 25 showed similar cases of 83 and 51 respectively. Dr Elizabeth Ferdinand commenting on the number of cases, said: "Usually the illness is more easily identifiable in children under five and they are the ones that we really concentrate on. "However, the figures clearly show that the epidemic is on the decrease." Barbados Health authorities with the help of regional medical personnel sought to find out the cause of the epidemic. Subsequently, it was discovered that the illness was caused by the rota virus, a mild virus first identified in 1973. [Excerpts] [Bridgetown DAILY NATION in English 3 Apr 85 p 1]

CSO: 5440/063

BERMUDA

FLU EPIDEMIC PEAKS, BUT INCIDENCE REMAINS BASICALLY UNCHANGED

Hamilton THE ROYAL GAZETTE in English 4 Mar 85 p 1

[Text] The flu epidemic shows no signs of abating, according to health experts.

Doctors reported 359 cases of flu and flu-like illness, slightly down on the previous week's 381 but not significantly so.

Government's Nurse Epidemiologist Mrs. Joyce Weatherhead said the outbreak appeared to have peaked and was now on a plateau.

She expected it to continue into this month.

The flu broke out in December.

Bermuda has been severely hit by the worldwide flu vaccine shortage and was totally without vaccine in January.

There were only 600 doses on the Island available from GPs to high-risk patients.

The reason for the shortage is a cutback in production because of a US scare about possible side effects.

Supplies from the US and Britain are only available in bulk shipments, far exceeding Bermuda's needs.

The number of vaccinations given to people in Bermuda fell from 5,000 to a few hundred, primarily for the sick and elderly, after the side effects scare.

The strain causing the outbreak is known as Philippine flu Type A (H3N2). The symptoms are a fever, chill, aching muscles, tiredness and a high temperature.

These last for two to six days. The best cure is rest.

Unfortunately, there is nothing you can do to prevent catching flu. This particular strain is not particularly virulent, and there is said to be no risk to life.

CSO: 5440/061

BRAZIL

POLIO CASES IN FORTALEZA UNDER INVESTIGATION

Brasilia CORREIO BRAZILIENSE in Portuguese 26 Mar 85

[Text] Minister of Health Carlos Sant'Anna stated yesterday that if the five suspected cases of poliomyelitis reported in Fortaleza were verified, the polio vaccination campaign set for June 15 might be moved up to April. By early yesterday afternoon two cases had already been confirmed, but Sant'Anna said he preferred to await more precise details before making a decision. He said that the national vaccination campaign for this year has been fully scheduled and is going to reach the population between the ages of birth and four years, which totals 19 million children for the whole country.

The team sent by Minister Carlos Sant'Anna to Fortaleza is supposed to give him concrete data today about the situation in that city, where five suspected cases of polio have already broken out. In his opinion, five cases in a country where polio has been brought under control is a warning signal.

"The team we are sending will tell us if all five children really have polio or if they have some other disease that also causes paralysis; they'll also say whether the children are from Fortaleza and from what areas. Then we'll evaluate the possibility of moving up the vaccination in that city. If there really is such an urgency, we shall spare no effort to take care of that population," Sant'Anna said.

In 1982 in all of Ceara, there was only one case of poliomyelitis. The same figure was repeated in 1983, but last year, out of 19 suspected cases, five were confirmed as polio. This year, five cases have already turned up, including the two confirmed as of yesterday afternoon. Carlos Sant'Anna said that those cases might have happened because, even with the success of the campaigns on a national level, some regions may not have been well covered.

National Campaign

The Minister of Health has already scheduled the national polio vaccination campaign. The first stage will be on June 15 and the second will be in

August. The Minister expects it to reach 19 million children from newborns up to four years old, for which 24 million vaccines will be distributed. Carlos Sant'Anna believes that the national vaccination campaign will no longer be necessary and that the disease can be controlled simply by routine vaccination in local clinics and health centers.

The figures for 1984 have still not been closed by the staff of the Ministry of Health, which should be taken care of in the next three months, but the estimate so far is that there have been 50 cases of polio in the whole country.

12430
CSO: 5400/2046

BRAZIL

MALARIA AMONG GOLD PROSPECTORS

Rio de Janeiro O GLOBO in Portuguese 5 Apr 85

[Excerpt] Belem--Tension remains high in the Maria Bonita mining camp, which is part of the Cumaru Project under the National Department of Mineral Production (DNPM), where a threat even greater than that of the Caiapo Indians of Corotire village has been added with the outbreak of malaria. The disease has been practically decimating the prospectors and which, even more than the Indians, has turned into the biggest problem for continuation of the gold mining.

Since Monday, the Caiopo (or Gorotire) Indians have taken over the Maria Bonita mining camp, one of the three most important of the Cumaru region, located between the Gradaus and Tocandeira mountain ranges in Sao Felix do Xingu township in the far south of Para State.

There are about 200 heavily armed Indians who have halted all activity at the camp. Only one restaurant looks after the nearly 5,000 prospectors with light meals. But by this weekend food should start running out, and the Indians are not budging from their position of not allowing the stock in Maria Bonita to be resupplied. Planes which land are forced to leave their ignition keys with a chief, and few planes are allowed to take off except to carry the worst stricken malaria patients to Redencao township.

The Indians are protesting against the Federal Savings Bank (CEF), which suspended payment of royalties of 0.1 percent on the gross production of gold. On average, it was earning 50 or 60 million cruzeiros for the Indians through the National Indian Foundation (Funai). This payment was suspended back in January, with the CEF alleging that the agreement has expired.

In the opinion of Funai president Nelson Marabuto, who met with the Indians on Wednesday, that is nothing more than an "patent lie" on the part of the Federal Savings Bank, since the agreement actually expired back in March of 1984, but the payments had continued up until January without any renewal having been regarded as necessary.

Some 25 to 30 cases of malaria per day have been reported, and the small Sucam trading post is now advising that there is no more DDT spray and that medicines for the sick have run out. The trick is to get them out to Redencao, where they are then left to their fate.
12430
CSO: 5400/2046

BRAZIL

NEW TB CASES IN RIO DE JANEIRO STATE TOTAL 12,000 IN 1984

Rio de Janerio O GLOBO in Portuguese 17 Mar 85 p 15

[Text] About 1,000 Rio de Janeiro natives may die yet this year from tuberculosis. This estimate comes from the Municipal Secretariat of Health which places the number of new cases of the disease throughout the state in 1984 alone at about 12,000. Of that figure, only 3,719 patients, considered the most serious, were confined in state hospitals, which are operating with difficulty.

One of those hospitals, the Clemente Ferreira, in Caju, is to be shut down within 2 months at the latest. This establishment has been in existence for 36 years and the doctors regret seeing it taken out of service, since it was considered one of the best in Rio. The Curicica Hospital is also drastically curtailing its activities, being converted into a general clinic in the near future. This development is due partially to changes in the method of treating tubercular patients who were formerly confined in a hospital and are now observed periodically by doctors.

In the opinion of the Rio Doctors Union [SMR], the state health authorities are not proceeding correctly. The union points out the lack of personnel specialized in the treatment of the disease, the shortage of laboratories and medicines and the authoritarian manner in which certain hospitals are being shut down.

Change in Treatment Shuts Down Hospitals

In the middle of the 1970's, when new drugs were put on the market in the fight against Koch's bacillus--the bacillus which causes tuberculosis--the method of treating the disease underwent changes. Previously, the patient was subjected to long periods of confinement in a hospital after which he continued to be treated as an outpatient. As a result of those changes, a number of specialized hospitals were shut down, the buildings being abandoned and converted into mere frameworks as occurred, for example, in the case of the Torres Homem, in Manguinhos.

Due to that development and to socioeconomic factors, the number of patients throughout the state is destined to increase appreciably in the future, as predicted by Davi Ribeiro, one of SMR's directors. According to him, with this change in the health policy introduced by the Ministry of Health, only 10 percent of the new cases confirmed annually and considered sufficiently serious are presently eligible for internment in a hospital. "The others," Ribeiro says, "despite the possibility of contagion, remain at home and have to resort to clinics, many of which are operating in a precarious manner. He believes that clinical treatment often endangers the patient's life inasmuch as the individual's economic difficulties prevent him from obtaining adequate nourishment, thus delaying his recovery.

According to information from the SMR, early in 1980 the Ministry of Health and INAMPS [National Institute for Social Security Medical Assistance] placed the responsibility for treating tuberculosis in the hands of the Secretariat of State in exchange for an allocation of 100 million cruzeiros per year.

Davi Ribeiro says that in 1983 out of 15,223 new cases reported 17 percent stopped treatment and 20.3 percent found treatment to be unsuccessful for various reasons: lack of skilled personnel in the area of infectious-contagious diseases, the inexistence of laboratories capable of treating such patients and, often, the absence of medicines at the clinics.

Although the pneumological sector of the State Secretariat of Health advises that the number of cases of tuberculosis throughout the state is decreasing year by year, data furnished by the secretariat itself indicate the contrary. In 1982, 14,495 new cases of tuberculosis were reported, and this figure increased to 15,223 in 1983. And the figures for last year should be higher, since the surveys made up to January of this year indicate about 12,000 new cases (the figures for 1984 will not be available until April). Last year, 1,200 deaths were reported; these were attributed to chronic effects caused by the disease. However, the State Secretariat of Health maintains that those figures could decrease by 1,000 this year.

8568
CSO: 5400/2041

BRIEFS

MALARIA, SCHISTOSOMIASIS IN SAO PAULO--Four foci of malaria, considered autochthonous--that is, acquired at the place of residence of the patient--were discovered in Greater Sao Paulo this year by the Superintendency for the Control of Endemics (SUCEN). As an emergency measure, SUCEN, associated with the Secretariat of Health, sent a number of technical teams to Embu-Guacu, Juquitiba and Salesopolis. Two cases were discovered in Embu-Guacu and one case in each of the other localities. The technicians are collecting blood samples from the inhabitants and combating the mosquitoes with insecticides. Less than a month ago, SUCEN sent technicians from the Regional Division of Marilia to strengthen those teams, since--as Dr Antonio Guilherme de Souza, aged 33, superintendent of that organization, says--"we need urgent action. Malaria has maximum priority, and the discovery of foci is treated as an emergency situation in terms of public health." SUCEN's superintendent asserted that there are also 81 autochthonous cases of schistosomiasis reported in the past 3 months at the "Brigadeiro Haroldo Veloso" housing complex in Cumbica, municipality of Guarulhos. The housing complex area is surrounded by lakes into which sewers empty without treatment, creating favorable conditions for the spread of the disease. According to Antonio Guilherme, although it cannot yet be considered "an outbreak or epidemic," the Cumbica situation "is very significant and has led us to take drastic measures throughout the municipalty of Guarulhos." [Text] [Sao Paulo FOLHA DE SAO PAULO in Portuguese 8 Mar 85 p 22] 8568

MALARIA CASES IN BRASILANDIA--Two suspected cases and two confirmed cases of malaria in the Brasilandia area, in Mato Grosso do Sul, bordering on Sao Paulo, are receiving the attention of SUCEN. According to Antinio Guilherme, superintendent of SUCEN, aged 34, that organization is intensifying its epidemiological viligance along the Parana River--the geographical separation of the two states. Two cases of malaria have been officially reported: a child, 2 and ½ years of age, treated in Presidente Venceslau, and Antonio Francisco de Souza Santos, 65 years of age, who died on 23 February at the Santa Casa de Presidente Prudente. [Text] [Sao Paulo FOLHA DE SAO PAULO in Portuguese 13 Mar 85 p 22] 8568

AIDS UNDER STUDY--The Health Ministry is studying methods to identify groups of AIDS-carrying bacteria and to control this disease. According to Health Minister Carlos Sant'Anna, 262 cases of AIDS have been confirmed, while confirmation is pending in 315 cases. In the last 3 months alone, 130 cases have been detected. [Excerpt] [Brasilia Domestic Service in Portuguese 2200 GMT [date undetermined) May 85 PY]

CSO: 5400/2053

CANADA

RISKS OF AIDS INFECTION REPORTED SPREADING

Vancouver Cases

Vancouver THE WEEKEND SUN in English 30 Mar 85 pp A1, A2

[Excerpts] The worldwide AIDS epidemic has entered a frightening new stage--threatening the lives of the non-gay community.

The virus is already killing as many women and children as men in parts of Africa, and in recent months in San Francisco, AIDS has been diagnosed in two heterosexual men, both of whom had intercourse with prostitutes who were intravenous drug users.

This has led some experts to suspect that the virus can be transmitted in vaginal fluid, as well as in semen and blood.

AIDS is largely a "4 H" disease, afflicting homosexuals, hemophiliacs who receive tainted blood products, heroin addicts who use dirty needles, and Haitians, some of whom were first exposed to the virus in Africa.

But Dr. Rick Mathias, a leading public health observer in B.C., fears the addition of two more H's--hookers and heterosexuals--will allow the killer to sweep through the general population.

At least one AIDS victim in Vancouver denies any homosexual activity and does not fall into any other known risk group, prompting doctors to fear that he may have picked it up through simple heterosexual contact, perhaps with a prostitute.

AIDS is an epidemic in B.C., in Canada, around the world, says Mathias. There are more people being diagnosed with the disease than were diagnosed last year, and last year there were more than the year before.

The disease is already killing one person a day in San Francisco--as of January 31 there were 433 dead--and is the single biggest killer of single men. Doctors fear it could reach that point in Vancouver within two years.

Toronto Forum

Toronto THE SUNDAY STAR in English 31 Mar 85 p A3

[Article by Lillian Newbery]

[Excerpts] A Simcoe man with Acquired Immune Deficiency Syndrome has decided to go public about his illness so he can help other potential patients and the public understand AIDS.

AIDS is a condition, thought to be caused by a virus, that attacks the immune system, leaving the body vulnerable to unusual infections and illnesses. Most of those diagnosed as having AIDS have been homosexual or bisexual men between 20 and 39.

"All you usually hear about are people who are dead," Jim Black told a community forum on AIDS and persistent lymphadenopathy syndrome, a related condition, at the University of Toronto yesterday.

In Canada, two new cases of Acquired Immune Deficiency Syndrome are diagnosed on average every three days. As of March 6, 189 cases had been reported, 73 in Ontario.

Black said he developed hepatitis B and a yeast infection last fall and found out in January that he has AIDS. "Apparently I've had it for two years."

More recently he has suffered fainting spells.

Forum organizer John Bodis, who has persistent lymphadenopathy syndrome, said he first became ill after splitting up with a lover two years ago, but attributed his night sweats, fever and diarrhea to the stress caused by the breakup.

It wasn't until he was treated for a dislocated shoulder that his swollen lymph glands were identified as part of lymphadenopathy syndrome--a condition thought to be related to AIDS, either as a milder form or as a pre-AIDS condition.

The meeting, sponsored by the AIDS Committee of Toronto, attracted about 125 homosexuals, health professionals and staff from the University of Toronto's epidemiology study.

The study requires 420 men known to have had contact with men diagnosed with either AIDS or persistent lymphadenopathy syndrome, and has so far recruited 166. The men will have their health monitored at three-month intervals.

CSO: 5420/18

CANADA

BRIEFS

OTTAWA RUBELLA CASES--The health unit for the Ottawa Carleton region is concerned about an usually large number of cases of rubella reported among people in their late teens and early 20s. There have been 19 cases of rubella--better known as German measles--reported in the region so far this year, compared with 11 cases all last year, said Dr. Geoff Dunkley, assistant medical officer of health. "And the number of cases seems to be accelerating," Dunkley said. All the cases were in people between the ages of 18 and 25. Dunkley said that is of particular concern because most pregnancies are also in that age group. [Excerpt] [Windsor THE WINDSOR STAR in English 21 Mar 85 p C7]

CSO: 5420/18

COLOMBIA

BOVINE RABIES AFFECTING HUMANS IN CUNDINAMARCA

Bogota EL TIEMPO in Spanish 17 Mar 85 p 18-C

[Text] An outbreak of bovine rabies, which up to now has caused the death of at least 50 animals, was recently detected by the Colombian Agricultural Institute (ICA) in Guayabetal, Cundinamarca.

The disease has spread through eight villages in the region, and according to reports from the organization, a colony of vampire bats has caused this problem.

It has also been learned that several persons who were in contact with the sick animals have contracted the disease. This is why it is important to contact those who find themselves in this situation to tell them to consult the health authorities in the area to receive treatment.

The ICA estimates that about 2,800 cattle are in danger of being infected. It must be remembered that bovine rabies has irreversable effects.

It has been announced that a massive immunization campaign will take place this Monday, for which Vecol has provided 2,000 doses. It is also said that the ICA will simultaneously begin work to locate the vampire bat colonies, and after capturing some will apply disenadion, an ointment which causes the bats to die.

Meetings have already been held in Guayabetal with the owners of the afflicted herds, and recommendations have been made on how to treat the problem--among others, by isolating the cattle.

The presence of bovine rabies was confirmed after the ICA and the National Institute of Health analyzed the brains of some of the animals stricken by the outbreak.

8131
CSO: 5400/2040

COLOMBIA

BRIEFS

MALARIA, DENGUE FEVER INCREASING--The president of the National Health Workers Federation, Alberto Garcia Montoya, announced yesterday that the incidence of malaria in the country has increased at an alarming rate, especially in the last 2 years when we have witnessed a rise of 500 percent. As he requested, delivery of the relevant 1985 budget by the national government, the labor leader noted that the positive cases of malaria had increased from 80,000 registered at the start of 1983 to 500,000 in December of that year. "There are no reliable data for 1984 as the campaign was paralyzed for almost 6 months, and it has not started yet in 1985," Garcia Montoya pointed out, adding that those data had been submitted by Congress by Health Minister Jaime Arias Ramirez. The situation, the labor leader emphasized, has become even more disturbing since the detection of a potential epidemic of dengue fever on the Atlantic Coast, and the government consequently must act promptly to fund the campaign through the National Planning Office and the Ministry of the Treasury, by means of a budget that is in keeping with the real needs of the task. Garcia Montoya finally announced that the National Health Employees Union will carry out a march between the 11th and the 25th of this month in support of the malaria eradication campaign, starting at Pereira and ending at the Bolivar Plaza of Bogota. [Excerpt] [Bogota EL ESPECTADOR in Spanish 7 Apr 85 p 9-A] 8418

CSO: 5400/2045

CZECHOSLOVAKIA

NECESSITY OF PROPER HEALTH CARE STRESSED

Prague RUDE PRAVO in Czech 22 Mar 85 p 1

[Editorial: "Everybody Must Pay More Attention to His Health"]

[Excerpt] Proof on how little thought we give to our own contribution to health care can be exemplified by one survey in which a selected number of citizens were questioned as how they visualized health protection. The absolute majority answered that good health depended upon good health care. Answers declaring that everybody must first do something himself for his health. And even those who had listed good health care in the first place smiled a little afterwards and agreed that the order should have been reversed. Although the research was made at random, the result would have been the same even in another place. Such a view stems from our consciousness with out forethought. It is somewhere in us and it is an incorrect view.

On the occasion of the 40th anniversary of liberation of our republic we can look back with pride on the achievements in health care. While there were 1,236 inhabitants per physician in 1937, there are 281 now. The number of beds in all health establishments increased from 110,000 in 1946 to 193,000 at the present time. Of the 1,000 children born in 1945, 135 died within one year; the ratio was below 16 per million in 1983. At the beginning of the 1960's we became first in the world to eliminate infectious poliomyelitis whooping cough, diphtheria and scarlet fever almost disappeared, the number of persons sick with tuberculosis was substantially reduced, and elimination of measles was successful. We have achieved successes in pediatric, cardiology, pediatric oncology and the high standard of Czechoslovak health care is born out by the transplantations of kidneys, combined transplantations of kidneys and pancreas, transplantation of liver and heart.

Yet we know that the so-called civilization diseases are the cause of disability of young people in the productive age and that cardiovascular diseases occupy the first place among the causes of death. This fact has not only been stated, but motivated the approval and announcement of statewide medical care programs which focus precisely on the treatment and prevention of civilization diseases. However, it has been becoming increasingly clear that significant successes cannot be achieved without an

adequate support of every single individual, until everybody is willing to contribute to his own health. This means that for example the food industry, investors in planning new housing projects and essentially all concerned with the protection of living environment must bear in mind the health of inhabitants.

For better illustration one example can be cited, obesity is a risk factor in cardiovascular diseases. It affects to a certain extent diabetes, gout, gallbladder and gall duct diseases, overloads the joints and partly accounts for the degenerative joint diseases. It has been pointed out that every second adult woman and every third adult man are obese. If we succeeded to reduce the excessive food consumption which exists in our country, the health condition of the population would improve. What however is the reality? While the sugar consumption per capita in our country was a little over 23 kilograms in 1936, it amounted to almost 38 kilograms in 1983. This is not new information, but it seems that the more we talk about it, the less this information is heard by those who should hear it. In our words, not every one of us, but also the responsible workers in the food industry should hear it. Considerable possibilities for the reduction of sugar consumption are in the soft beverages which are too sweet. An adult person could do without them, but what should the children drink? And from the earliest childhood the conditions are thus created for an excessive wei ht. Naturally, the high sugar consumption is due not only to soft beverages, but generally to the consumption of foods with a high sugar or flour content.

Diabetes comes to the foreground. On the average it affects 6-7 percent of middle-age population and continues to spread. Diabetes is a major risk factor in cardiovascular diseases and many other illnesses. The disability of diabetics is almost three times higher than in general population, and on the average as many as 20 percent of hospital beds are occupied by the diabetics. This is an important and warning fact. There is a diabetologic program in preparation in which the health care agencies will concentrate on the prevention and treatment of this disease. But even in this instance the result achieved will not be -- without the contribution of individuals -- commensurate with the efforts and funds expended. Every treatment is only another proof of a sick organism, and so far as the diabetics are concerned the correct regimen is very important.

We cannot talk, however, about undisciplined individuals alone. Not all of us mean by the correct regimen one and the same thing. In fact this is not and cannot be so. It depends upon the working conditions: a miner will live in a different way from somebody who has a sedentary occupation and sits all day. The health care workers must do more for an active attitude of individuals toward their own health. This is not just a matter of publishing pamphlets and organizing lectures although this is also important, but of everyday work in the physicians' office. Just consider how many people visit them everyday! It is of course faster and easier to prescribe a large number of pills than to win over or "force" the patient visiting the doctor's office to change his regimen. It must be justly admitted that people prefer to leave the doctor's office with a prescription rather than with a recommendation to stop smoking, to reduce, to exercise more in other

words to live in a different way than they did so far. But this is only an excuse. The cure will definitely be more difficult, will not meet with understanding immediately, but it is the only way which can reduce the number of so-called civilization diseases. For health care there will be enough diseases left which cannot be affected in any way by the individual alone. There will be thus more time and funds available to take care of them.

10501

CSO: 5400/3003

CZECHOSLOVAKIA

BRIEFS

OCCURRENCE OF TOXOPLASMOSIS--The number of cases of toxoplasmosis in the CSSR has increased of late. The danger of this illness, caused by insufficient hygiene or the consumption or even sampling of raw and semicooked meat, concerns both the populace living in the cities as well as in rural districts. [Summary] [Prague LIDOVA DEMOKRACIE in Czech 19 Feb 85 p 4 AU]

CSO: 5400/3005

HONG KONG

PRESS CONTINUES TO REPORT CONCERN ABOUT AIDS

Few Precautions in Hospitals

Hong Kong SOUTH CHINA MORNING POST in English 24 Mar 85 pp 1, 7

[Text]

Messenger boys and elderly amahs are carrying blood samples containing AIDS and other contagious viruses with their bare hands.

Immunologists yesterday said few precautions were taken to protect the untrained couriers, who were being exposed to the risk of infection.

A senior immunologist at the Queen Mary Hospital warned: "It is a dangerous practice and people need to be educated to be made aware of the risk.

"The problem is that it is a lot of trouble for people to do things properly and it is very easy to take short cuts.

"Short cuts are usually far more convenient than doing things the right way, particularly when people are not made aware of what is involved."

Medical sources said it was standard practice for nurses, detailed to take blood from AIDS and other contagious disease victims, to give the samples to untrained staff for delivery to laboratories.

Without being told what they were handling, the messengers, usually amahs or juniors, would carry often poorly sealed samples away for testing.

In most cases, batches of samples were taken in open baskets or carried individually by hand.

One lab supervisor, who has more than 20 years experience in Hongkong and British hospitals, said there was a danger the couriers could become infected and transformed into unwitting carriers of dangerous viral diseases like AIDS, hepatitis and tuberculosis.

"If, for example, these people were to drop a sample on the way to the laboratory they could well be contaminated," he said.

The danger is also heightened because many samples are dispatched in test-tube vials which frequently leak. Untrained messengers, immunologists warn, can be infected by coming into contact with contaminated blood.

"The samples are usually collected in the wards under reasonably good conditions by people who know what they are doing.

"They are then brought to the labs by amahs and messengers, people who don't really know what they are doing."

Fear over safety in Hongkong hospital laboratories surfaced last week after the Government admitted a lab technician had claimed to have had blood from an AIDS sufferer splash in his eye.

Two student nurses, according to the Medical and Health Department, also reported potentially dangerous direct contact with an unnamed AIDS patient.

Doctors at the Queen Mary last year asked for a Phlebotomy team — a unit trained specially to take blood and deliver it for testing — to be set up.

However, sources said, the proposal was rejected by the MHD as too expensive.

"It is obviously an alternative to this unsatisfactory situation," an immunologist told the SCM Post.

"It's a very efficient means of collecting blood. If money is tight, we may not be able to afford a Phlebotomy team but at least we should obviously tighten up on safety procedures."

Dr Brian Jones, an immunologist with the University of Hongkong's pathology department and a member of the Queen Mary's clinical immunology unit, called for an investigation of safety standards in Hongkong laboratories.

Guidelines, he claimed, are being ignored or short cuts made where expedient.

"I would like to seek advice from experts whose field is lab safety. They should be brought in to look at what we are doing.

"I'd also like to have more power to suspend members of staff who do not follow regulations."

According to an official Medical and Health Department contingency plan for dealing with AIDS, obtained by the SCM Post, blood specimens from suspected sufferers should be "tightly capped and labelled as 'Blood Precaution' and transported in double plastic bags."

The plan, based on information from the US Centre for Disease Control (CDC), also advises laboratory workers to wear double gloves when handling suspect samples.

But Dr Jones cited the non-labelling of samples sent for testing as one of the most pressing safety problems.

Dr Jones also said despite distribution of the AIDS contingency plan, extra funds had not been released to pay for the recommended safety measures.

Second Victim Pronounced Fit

Hong Kong HONGKONG STANDARD in English 27 Mar 85 p 1

[Text] The second AIDS (Acquired immune deficiency syndrome) victim has been discharged from hospital, raising doubts that the disease might have been wrongly diagnosed.

The Medical and Health Department (MHD) said yesterday that the unidentified was discharged from the Princess Margaret Hospital last Saturday.

A spokesman, Mrs Juliana Ma, said the 33-year-old Chinese man "has been pronounced fit for discharge. He is not showing any symptoms."

The victim suffered from high fever and pneumonia when he was admitted to a hospital last September. He was moved to an isolation ward in Princess Margaret Hospital early last month and his condition gradually improved from "fair to satisfactory."

The MHD said the patient would be placed on a follow-up course and assured the public that there was no possibility of AIDS spreading through the patient's regular social contacts.

The victim is single and lives alone in a flat. He has told doctors that he might have contracted the disease while abroad.

He has been advised to refrain from sexual contact because the virus believed to cause AIDS (HTLV-III) has been shown to be transmitted by intimate contact or through blood.

The MHD stressed yesterday that the victim was "clinically confirmed" to be suffereing from AIDS based on several clinical tests conducted in Hongkong.

But the spokesman could not say if the victim's blood samples had been sent to either the United States or Britain for further confirmation of the disease.

His discharge raised some doubts on the diagnosis of AIDS which robs the body of its natural immunity against infection. AIDS victims contract a variety of rate illnesses, including Kaposi's sarcoma and a parasitic type of pneumonia, pneumocystis carinii pneumonia.

This type of pneumonia has proved to be the deadliest of all the AIDS-inspired ailments, accounting for 67 percent of the AIDS death toll.

Doctors yesterday were convinced of both the patient's and the public's safety.

The deputy director of Medical and Health Services, Dr Rudy Khoo, said the man will undergo periodic check-ups. He told the public not to worry about contracting AIDS through normal means.

Khoo said: "It is not a very infectious disease. It is not something that could be spread through the air, or can be spread through social contact. For instance, cold is even more infectious than this particular condition."

He said if the symptoms were to recur, they were prepared to re-admit the man.

The MHD could not, however, say how often they would check the man or if the disease was likely to stay in remission.

Ma said it was unlikely that the victim's neighbour would know he had the disease because it was not something "to announce. The patient also looks like any normal, healthy individual."

She repeated that AIDS could not be contracted unless by close intimate contact, or through blood transmission.

Ma also said that rumours of AIDS being transmitted by mosquito bites were unfounded.

"There is no way mosquito bites could transmit AIDS because it is not possible medically," she said.

She also denied that amahs or junior workers in hospitals might have accidentally been contaminated with AIDS from their routine work.

Three health workers had reported that they might have been contaminated with the blood samples of the first AIDS victim who died last month after six months in hospital.

Clean Bill for Medical Staff

Hong Kong SOUTH CHINA MORNING POST in English 28 Mar 85 p 9

[Article by Agnes Chen and Rosalyn Pang]

[Text]

Three Government medical workers who came into contact with a blood specimen from Hongkong's first AIDS victim have been given a clean bill of health.

Tests on their blood samples have confirmed that they have not contracted the disease, the Deputy Director of Medical and Health Services (Health Services and Planning), Dr S.H.Lee, said yesterday.

The three workers helped care for a 46-year-old Chinese sailor who died of acquired immune deficiency syndrome last month.

Dr Lee said a scheme for screening all blood donors will start within four months — after the department receives funds to buy equipment costing $5 million.

It is at present awaiting permission from the Finance Branch to buy the ELIZA (enzyme-lined immunosorbent assay) AIDS detection kit for Hongkong's blood banks.

Yet more weapons in the fight against the disease will be available next week — when 3,000 AIDS handbooks are distributed to Government nursing staff.

The 30-page pamphlet with guidelines on handling AIDS patients is published by the Association of Government Nursing Staff (AGNS) for its members.

The guidelines are based on information gathered from medical sources, which include the World Health Organisation, the Royal College of Nursing, and from Health and Safety Executives.

The chairman of AGNS, Mr Ronald Chow, said that although the association had 8,500 members, only 3,000 handbooks had been printed.

It could not afford more copies and had not considered fund-raising because it wanted to produce the handbooks quickly.

Mr Chow said the association wanted each medical unit to have at least one copy, but was willing to share the handbooks with nurses in private institutes.

The AIDS committee is also designing a questionnaire for a survey among its members, Mr Chow said.

The survey is aimed at examining various aspects of AIDS including members' views on the disease and their understanding of it. The findings would later be compiled into a report.

With a second AIDS carrier now released from hospital, the Director of Medical and Health Services, Dr K.L. Thong, has asked the public not to be unduly alarmed.

He said that AIDS was rather like venereal disease and could only be contracted through intimate sexual contact and not casual social contact.

The second AIDS victim was discharged from Princess Margaret Hospital on Saturday after he was found to be medically fit.

But Dr Thong said that because of his immune deficiency he had been asked to return for regular check-ups every week or so.

CSO: 5450/0123

STAPH INFECTION A MENACE IN HONG KONG HOSPITALS

Hong Kong SOUTH CHINA MORNING POST in English 24 Mar 85 pp 1, 6

[Article by Vicky Wong]

[Text]

A serious drug-resistant infection which has been described as the "second black death" overseas is becoming a major threat in Hongkong.

It is thought to have killed at least five babies at the Queen Mary hospital in the last four years.

The infection, which patients usually acquire in hospital, is caused by an organism known as MRSA — methicillin-resistant *Staphylococcus aureus*, or "staph" for short. This is a strain of the organism which thrives in hospitals and cannot be killed by most antibiotics.

According to a University of Hongkong paediatrics department study, it has caused infections which resulted in the deaths of at least four, and possibly five, babies at Queen Mary Hospital since January 1980.

The study is looking back at cases of serious blood poisoning in babies at QMH's intensive care and nursery units.

According to HKU researcher Dr Tam Yat-cheung, the study shows that MRSA was responsible for 80 per cent of all the serious blood poisoning cases caused by staph during the period under study.

The study also showed that 25 per cent of the babies who contracted MRSA infections died.

"This is very alarming," Dr Tam said. "These are hospital acquired infections — if the babies were not in hospital, they would never have got it.

"Theoretically, these infections should be down to zero in a hospital.

"Overseas, physicians attach very high importance to MRSA because this is a very virulent strain of staph. Once it infects the baby, there're not many cures for that. There're only about three or four antibiotics you can use and they are all very toxic and produce serious side effects."

HKU microbiologist Dr W H Seto pointed out that most authorities recommend one antibiotic — vancomycin — as the drug to combat MRSA. But this antibiotic is extremely expensive (it can cost up to $23,100 at normal retail prices for a full course of the drug) and can cause serious side effects such as deafness and kidney damage.

"Some overseas authorities call MRSA the second Black Death," Dr Seto said. "But I think that's overplaying it. The plague used to wipe out 90 per cent of a village — but the problem caused by MRSA is nowhere near that. MRSA is no laughing matter though and it's certainly something we should be concerned about."

Dr Seto pointed out that many overseas hospitals make great efforts to keep MRSA out of the wards, sometimes to the extent of closing down entire wards in hard-to-control outbreaks. One reason for the vigilance is the need to keep staph responsive to the less toxic antibiotics.

Another is the need to minimise the chance of the organism becoming resistant even to vancomycin. If that happens, the number of drugs that can be used against MRSA shrinks even further.

Dr Seto explained that staph organisms are part of the environment. They are found everywhere and are often carried harmlessly on people's skin. But the strains generally found outside hospitals are usually vulnerable to antibiotics.

Inside the hospital though, the irony is that the wards offer an ideal environment for staph germs to build resistance and to spread quickly. The frequent use of antibiotics in hospitals kills most germs but survivors live to breed strains — such as MRSA — that become resistant to the drugs.

In such situations, the use of antibiotics ineffective

against these mutant strains actually nourishes their growth. Bacteria sensitive to the drugs die, and leave the resistant ones to flourish unimpeded.

The problem with MRSA, as with all staph germs, is that they can be easily transmitted via the air. Dr Sato said. They do not need water to survive and can live on the floors and on hospital equipment — and can colonise on patients' skins.

This colonisation doesn't necessarily cause disease, according to Dr Tam, but can lead to the build-up of a reservoir of germs within the wards which increases the chance of their causing infections in those who are especially vulnerable.

And babies are particularly vulnerable to staph infections. They also tend to develop more serious problems than adults, Dr Tam said.

The immune systems in infants are not as strong as those in adults and babies who are very ill, or who are on antibiotics or undergoing "invasive" treatment are most vulnerable to MRSA infections, Dr Tam said.

He pointed out that if a high percentage of babies in the wards become colonised with MRSA, the likelihood increases of some of them coming down with infections.

Mild infections can lead to minor complications such as infected boils or gummy eyes and these can be tolerated to a certain extent, Dr Tam said.

But serious infections can lead to major problems which threaten the body's internal organs such as the heart, brain or lungs.

Adequate surveillance can detect an outbreak of MRSA in the wards, Dr Tam said. And isolation of colonised or infected patients and the observance of certain rules — such as the proper use of disinfectants and strict hand washing by medical staff — can help to control the spread of MRSA.

"Staph infections are taken as an index of how clean the hospital is by many authorities," Dr Tam said. "If you can control staph well, you can control almost everything well.

"And in other places in the world where adequate control facilities and personnel are available, they would try to cut down on the incidence of colonisation with lots of measures.

"And most nurseries in the United States, Australia or London succeed in controlling staph to a great extent. Outbreaks still occur but these take the form of epidemics. At Queen Mary, the problem is endemic."

As Dr Tam pointed out, there are no isolation facilities at the intensive care and premature baby nurseries at QMH. And even when babies are known to be colonised or infected, there is no way they can be isolated to cut down the chances of cross infection, where patients pass on their germs to each other.

The shortage of nursing staff also means that hand washing rules cannot always be observed.

But certain measures have been instituted to try to monitor and control the situation, Dr Tam said.

All babies in the ward are now checked weekly for MRSA colonisation, he said, and the results show a positive rate of between 40 to 80 per cent, depending on the time of year.

"The next step is to isolate them from the rest who are not colonised," Dr Tam said. "But the sad fact is that we can't isolate them. All we can do is alert everyone to the fact that certain babies are colonised and staff had better wash their hands after contact with these babies."

Dr Tam said that it is still too early to say whether these limited measures have helped control MRSA infections in the wards. What is encouraging, however, is that although there was a total of 10 serious MRSA infections in 1984, no such cases have been found so far this year.

"But I would imagine the situation is not going to improve dramatically until we have more isolation facilities and adequate manpower," he said.

CSO: 5450/0122

MENINGITIS, OTHER EPIDEMICS A PUBLIC HEALTH PROBLEM

Calcutta THE STATESMAN in English 23 Mar 85 p 8

[Editorial]

[Text] THE meningitis epidemic that has hit Delhi since January is naturally causing acute anxiety. According to figures given recently in the Rajya Sabha, there had been 1,893 cases and 243 deaths; unofficial statistics are more alarming. Rajasthan, Haryana and U.P. have also been affected, though to lesser degree, and cases have recently been reported from as further afield as Gangtok. If the death rate does "show a declining trend", as officially claimed, it could be only due to the natural cycle of the disease which is at its most virulent in winter and spring. Official efforts to cope with the menace have consisted mainly in a rush to procure 100,000 units of vaccine from the World Health Organization for administration to high-risk groups such as medical and paramedical staff handling cases, arrangements for wider availability of diagnostic kits and medicines, and the commissioning of a study.

But interest may peter out when the epidemic is over as was the case with the "Japanese encephalitis" which claimed 644 lives in West Bengal between October and November last year. The encephalitis toll might not have been so heavy if efforts to develop a vaccine or arrange for its import, or to clean up the environment and rid it of known carriers of the virus, had continued since 1978 when the disease appeared as a major threat. In the event, encephalitis epidemics have continued to sweep the State with the number of deaths rising rather than diminishing: 221 in 1978, 304 in 1979 and 555 in 1982. In 1984, the authorities were still talking of producing vaccine though nothing of this had been heard since 1982 when a proposal was mooted for vaccine production at Kasauli.

Epidemics, of course, have to be viewed in the context of the entire health picture which, in turn, cannot be divorced from general levels of poverty and lack of basic facilities. The majority of killer diseases are water-borne—typhoid, cholera, gastroenteritis and jaundice which has made an early advent this year. They will continue till the majority of the population is denied access to safe water supply. Newer and more frightening diseases are being added to the list. Malaria and gastroenteritis are familiar dangers, but diseases like encephalitis and meningitis are more difficult to tackle and arouse greater fears about long-term consequences. Apart from the obvious challenge for the medical profession, the tasks of the public health authorities demand more serious and urgent attention.

CSO: 5450/0110

OFFICIALS REPORT MONKEY FEVER SUCCESSFULLY FOUGHT

New Delhi PATRIOT in English 18 Mar 85 p 6

[Text] **Bangalore, March 17 (PTI)** — The dreaded viral disease, Kysanoor forest disease, popularly knowns as money fever, which took a heavy toll of lives in Dakshina Kannada district of Karnataka during the last three years, has been contained, official sources here have claimed.

The officials said up to February this year, only 21 suspected cases had been admitted to hospitals and of them 10 had been already discharged. The disease spreads through a man-monkey cycle.

Compared with over 400 attacks and about 100 deaths in the corresponding year 1983-84, so far only one suspected death has been reported.

Monkey fever is transmitted by ticks, smaller than a pin-head, which can survive on a droplet of blood. However, blood samples of those admitted to hospitals this year with symptoms of KFD during this season have been found to be negative.

Mr Panduranga Hegde, convener of the Appikko Movement, said indiscriminate felling of trees in Western Ghat regions was the main reason for the spread of the disease.

He said during the last season 300 deaths had occurred in two districts of North Kan..ada and South Kannada, both in the catchment area of Sharavathi river, which had witnessed massive deforestation.

Since the disease was first discovered in 1957 in Shimoga district of Karnataka, the Indian Council of Medical Research (ICMR) made efforts to develop an effective vaccine against it.

Subsequently, a vaccine was developed by the scientists at the National Institute of Virology (NIV), Pune, the vaccine gave encouraging results when administered to 1500 affected people in the endemic area.

The NIV took steps for transfer of know-how for manufacturing the vaccine and offered its assistance to the Karnataka Government in setting up a KFD vaccine manufacturing unit at Shimoga. Although work on the unit began about a year ago, it is yet to start vaccine production.

The district officials have advised the education department to include classes on KFD in school curriculum in the affected area.

CSO: 5450/0108

INDIA

RAJYA SABAH TOLD OF MENINGITIS IN DELHI

Calcutta THE STATESMAN in English 16 Mar 85 p 4

[Text]

NEW DELHI, March 15—There were 1,893 cases of meningitis, with 243 deaths, in the capital since January, the Government told the Rajya Sabha yesterday.

The statement came in response to a call-attention motion. The Minister for Health and Family Welfare, Mrs Mohsina Kidwai, said that a sample study undertaken in February about the age-wise distribution of 108 deaths reported from five hospitals (Lok Nayak Jai Prakash Narain Hospital, Hindu Rao Hospital, Safdarjang Hospital, All India Institute of Medical Sciences and Dr R. M. L. Hospital), showed that out of a total number of 100 cases, 51 deaths were in the age group of 1-14. This indicated that the incidence as well as death tolls "are more or less equally distributed between the children and the adult population".

The Minister pointed out that there were no specific reasons for the increased incidence of the disease during the current year. Meningitis generally occurred during spring and winter; however, sporadic cases occurred throughout the year.

The Government had already taken steps to combat the disease, she said. Assistance had been provided to the Delhi hospitals in procuring the essential drugs; all hospitals and dispensaries had been asked to stock sufficient quantities of the required drugs.

Besides, diagnostic kits for monitoring the types of strains as well as to test their sensitivity to various drugs through four designated centres in the capital were being made available to the All India Institute of Medical Sciences, Lady Hardinge Medical College, Maulana Azad Medical College and the National Institute of Communicable Diseases.

Arrangements had been made with the World Health Organization to procure 100,000 doses of A and C vaccine to be administered to the high-risk group. The high-risk groups had been identified through a technical committee which had suggested vaccination of medical and para-medical personnel attending on the cases in hospitals.

CSO: 5450/0106

INDIA

SPORADIC ATTACKS ON JAUNDICE REPORTED IN CITY

Calcutta THE SUNDAY STATESMAN in English 14 Apr 85 p 7

[Text]

REPORTS of outbreak of jaundice from different parts of the city have been received by Calcutta Municipal Corporation. The civic body's Health Department has received complaints from downtown office areas that employees of several establishments had contracted the disease. Wall posters have been put up in an office complex in Chowringhee in central Calcutta demanding special leave for employees suffering from viral hepatitis.

A branch office of a nationalized bank has informed its customers that business will be slow as several employees are down with jaundice.

The civic headquarters has also received complaints from several houses in Tiljala, where residents had been suspected to be suffering from jaundice. Informed sources said that residents of high-rise buildings and housing complexes in some areas in the city had also made similar complaints.

It is suspected that water stored in the underground reservoirs or overhead tanks in the office complexes or multi-storeyed buildings gets contaminated as the tanks are rarely cleaned. The use of such water may be one of the reasons for the spread of infective hepatitis which is a water-borne disease, it is believed.

The Corporation authorities have already sent out teams to collect samples of "contaminated" water for laboratory tests. The civic authorities, while denying the outbreak of the disease in an epidemic form, admitted that they had received reports of "sporadic attacks" of jaundice from different parts of the city.

The civic authorities claimed that water, supplied by their pumping stations either at Palta or in the city, was free from contamination. Random tests of water samples had revealed the existence of chlorine varying between .8 parts per million and .2 parts per million.

Informed sources stressed that they had received more complaints from the residents of multi-storeyed buildings than from those living in ordinary houses and bustees. Physicians and health experts feel the slum-dwellers do not contract jaundice as they use fresh water from the Corporation's water mains. Some people have, however, expressed the fear that in some areas of the city the water in the underground pipes from time to time becomes polluted by seepage of accumulated water in drains.

CSO: 5450/0133

BRIEFS

DENGUE, ENCEPHALITIS DEATHS--Bombay, March 29--The Minister for health, Mr Bhai Sawant, told the legislative council today that only one person had died in the recent outbreak of dengue fever in Meeraj. In response to a call-attention notice by Mr Anna Dange, Mr N.R. Vaidya (both BJP) and others, Mr Sawant said that 217 patients suspected of having dengue fever had been admitted to Meeraj's Mission hospital since February 26 out of which 153 had now been discharged. Mr Dange, however, alleged that six persons had died of dengue (which is caused by the bite of the eddis egyptae mosquito). He also alleged that the conditions in Mission hospital were deplorable, with patients herded in rooms like animals. A majority of the hospital staff itself had contracted the disease, he stated. [Text] [Bombay THE TIMES OF INDIA in English 30 Mar 85 p 5]

BACILLARY DYSENTERY DEATHS--Fourteen people, mostly children, died of bacillary dysentery from the 61 cases reported from three districts since the last week of February, according to official sources at Writers' Buildings on Friday. The highest number of dysentery cases was reported from Sandeshkhali village in the Sunderbans, 24-Parganas, during the first week of March. In all, 31 children were afflicted with the disease and six of them later died. Bacillary dysentery cases were also reported from Raina in Bankura and Contai in Midnapore. At least eight children--four at Raina and four at Contai--had died of the disease during the period under review. A senior official of the State Health Department, however, denied that there had been any large-scale outbreak of bacillary dysentery in Purulia, Bankura or other couth Bengal districts. He said that the Government had taken adequate preventive measures to arrest the spread of the disease during summer. [Text] [Calcutta THE STATESMAN in English 30 Mar 85 p 9]

DYSENTERY IN BANGALORE--Nearly two lakh people in and around Bangalore suffer from dysentery due to the consumption of vegetables grown in effluent waters containing toxic materials, a study has shown. Hundreds of tempo loads of vegetables, fruits and flowers, which are grown using the waters of Vrishabhavathy valley betwen Byatarayanapura on the city's outskirts and Kanakapura--a distance of 77 km--contain toxic chemicals hazardous to health, Prof S.R. Bijoor of the Indian Institute of Management, who headed the study group, told PTI on Saturday. Prof Bijoor said that 83 small, medium and big industries, both government and private, did not seem to have taken care to treat the effluents before letting them into the valley. [Text] [Bombay THE TIMES OF INDIA in English 31 Mar 85 p 9]

GASTROENTERITIS IN BENGAL--Calcutta, April 3--Altogether 15 persons have died of enteric diseases in the state during the past one month, according to official figures reaching Writers' Buildings today. Official sources said cases of enteric diseases were being reported from Contai in Midnapore district, Sandeshkali in 24-Parganas and the northern parts of Birbhum district. It was learnt that of the 35 cases reported from Sandeshkhali, six had resulted in death. Of 14 cases reported from Contai, four persons had died. The other five deaths were reported from Birbhum. The official sources said the district headquarters had been "put on alert." A special team of experts had been sent to Sandeshkahli, while a local health team was working round the clock in Contai, the sources said. However, the minister for health, Dr Ambarish Mukherjee denied any knowledge of the deaths and maintained that the situation was "not alarming." Asked about the sudden rise in the disease, the minister said it was "mere exaggeration." Dr Mukherjee, however, said there was adequate stock of medicine in the districts to combat the disease "if the need arises." He also said all "district headquarters have been alerted" as a precautionary measure. [Text] [Calcutta THE TELEGRAPH in English 4 Apr 85 p 2]

TUBERCULOSIS DEATH RATE--New Delhi, April 3--Tuberculosis-related deaths decreased to 53 per one lakh population by the end of last year, from 80 in 1968. This was due to the expansion of short course chemotherapy drug regimens coupled with sustained detection of new cases, according to an official release here. The number of annual TB detection cases went up to 12 lakhs in 1984 from the 1980 figure of seven lakhs. The target for 1985-86 is 14 lakhs new detections for which Rs 10 crores has been provided. The Seventh Plan allocation for the programme is likely to be Rs 75.54 crores, the release says. During 1983-84 three short course chemotherapy drug regimens of six to nine months containing rifampicin and pyrazinam de were introduced on a pilot basis in the districts of Nagpur, North Arcot, Puri, Karnal, Kanpur, Pondicherry, Vidisha and Baroda. They were extended to 10 more districts in 1984-85. It is estimated that nearly 10 million persons are suffering from radiology active TB of the lungs in the country. PTI [Text] [Madras THE HINDU in English 4 Apr 85 p 7]

ENTERIC DISEASE DEATHS--Reports of at least 15 deaths from enteric diseases were received by the State Health Department from three districts since February. A spokesman of the Health Department said on Wednesday that of 14 cases in Midnapore, four had died and in Sandeshkhali in the Sunderban areas the death rate was six out of 34 cases. Five deaths were reported from Birbhum. Earlier, the Health Minister, Mr Ambarish Mukherjee, said that enteric diseases had not taken an alarming shape in any district. He said that all the district headquarters had been alerted and asked to send reports of deaths from enteric diseases. There was enough stock of medicine in the districts, he added. A special medical team had been sent to the Sunderbans and a team of local doctors was examining patients in Midnapore. The disease had affected people mainly in the drought-prone areas. [Text] [Calcutta THE STATESMAN in English 5 Apr 85 p 14]

AIDS CASES REPORTED--New Delhi, April 6--Three cases of Acquired Immune Deficiency Syndrome, a viral disease for which there is no cure, has been reported in India, the World Health Organization said here today, reports PTI. The WHO Regional Director, Dr U. Ko Ko, called for an AIDS "alert" following reports of cases also from Thailand. He said the Indian cases were reported from Bombay and Calcutta and the persons involved were reportedly the crew of Air-India. He and Dr A.T. Gaitonde, also of WHO, told reporters on the eve of the World Health Day that AIDS was still not a threat to this region. But they called for surveillance as the disease is caused by a virus that can be picked up by travellers to Europe and the USA where a number of cases have been reported over the past three years. The disease which destroys the body's immune defence mechanism was only recently found to be caused by a virus that may possibily be transmitted by routes other than homosexuality, Dr Gaitonde said. According to WHO, AIDS cases have occurred in recipients of blood-component transfusions and it has suggested avoidance of non-essential blood and blood products. [Text] [Calcutta THE SUNDAY STATESMAN in English 7 Apr 85 p 12]

DYSENTERY REPORT DENIED--(UNI)--The Karnataka health minister, Mr H.L. Thimmo Gowda, on Thursday denied reports circulated by a news agency that about 200,000 residents of Bangalore city had been affected by dysentery caused by consuming fruits and vegetables cultivated with untreated sewage water. Replying to a calling attention motion in the legislative council given notice of by Mr Kalmankar and Mr K.N. Nagegowda, he said there was no "alarming" rise in the number of dysentery patients admitted in the government hospitals. [Text] [Bombay THE TIMES OF INDIA in English 8 Apr 85 p 16]

FIGHT AGAINST MEASLES--Jaipur, April 9 (UNI)--The Rajasthan Government has launched a campaign called "Operation zero measles" to completely eradicate the disease from the State. The programme involves voluntary organisations. Project director Lucy Jain said the organisers had already vaccinated 30,000 of the 50,000 children below four years of age in Jaipur city and its suburbs since the campaign was launched on 9 March. Dr Jain said the organisers had evolved a new "polling booth" strategy. More than 150 such booths located all over the city had vaccinated children free of charge. Dr Jain said the cost of vaccinating these children came to Rs 2.50 per child. A notable feature of the project was that major private and public sector undertakings with health infrastructure undertook vaccination of the children of their employees. She said 20 to 30 percent of child deaths in India were due to six common immunisable childhood diseases. According to estimates, 80 to 90 percent of susceptible children must be immunised annually if the disease is to be controlled. According to United Nations International Children's Emergency Fund (UNICEF), one child dies every two minutes due to the disease in India. Dr Jain said there are about two million children susceptible to the disease in Rajasthan alone and to immunise them more than 15 lakh doses of the vaccine would be required. [Text] [New Delhi PATRIOT in English 10 Apr 85 p 8]

MENINGITIS EPIDEMIC DENIED--Lucknow, April 17 (PTI)--The Uttar Pradesh minister for health, Mr Lokpati Tripathi, has denied reports of a meningitis epidemic in the state. Talking to newsmen here yesterday, Mr Tripathi said 464 cases of meningitis were reported from Meerut, Bulandshahr, Aligarh, Mathura and Agra districts during the first three months of this year. Of these, 90 persons died while others were treated in government hospitals. The state government has received 8000 doses of anti-meningitis vaccine from the Centre. Denying that jaundice was fast spreading in Allahabad, Mr Tripathi said that only 147 cases were reported and two persons had died during February and March. [Text] [Calcutta THE TELEGRAPH in English 18 Apr 85 p 5]

MENINGITIS IN GANGTOK--Gangtok, March 17 (UNI)--Meningitis has claimed eight lives in Gangtok, the capital of Sikkim, during the past few days. On his return here from New Delhi this evening, the chief minister, Mr Nar Bahadur Bhandari, said the state government was taking every precautionary measure to check the dreaded disease. Mr Bhandari also said he had met the director general of health services during his stay in the capital and brought a special medical team to help arrest the spread of the disease. Unconfirmed reports however said the bacterial disease had claimed more than 10 lives, including that of school children, during February and March. Many schools, mostly nurseries, have closed down as a precautionary measure. More than seven overcrowded localities in the state capital have been affected, the sources added. Nearly 200 people were daily thronging hospitals for check-ups which revealed two or three positive cases, the sources said, adding that a separate ward had been opened for the patients. The authorities are also setting up a mobile unit headed by a health officer to make door-to-door inspection and advise residents on preventive measures. The health minister, Mr Sanchaman Limboo, has appealed to the people not to panic. Adequate stocks of medicine are available to meet any emergency and the government was taking all measures to prevent the disease from spreading, he added. [Text] [Calcutta THE TELEGRAPH in English 18 Mar 85 p 5]

MENINGITIS VACCINE AVAILABLE--New Delhi, March 17 (UNI)--Vaccination against meningococcal meningitis is now available in the country, an official press release said here today. The government has already made arrangements for vaccination of doctors and other paramedical personnel attending on meningitis patients in different hospitals. Mass vaccination is, however, not being resorted to as the disease has not assumed epidemic proportions yet, the release added. The directorate-general of health services has however, also pointed out the limitations of the effectiveness of the vaccine. It said the vaccine is effective only against Group "A" and Group "C" of meningoccal meningitis. It is only seven days after the day of vaccination, that antibodies develop and in 10 days reach significant levels of protection. Therefore, vaccination of those in close contact with patients will not afford protection and is not recommended. [Text] [Calcutta THE TELEGRAPH in English 18 Mar 85 p 5]

MENINGITIS VACCINE IMPORT--NEW DELHI, March 17--The Central Government has decided to allow individuals, doctors and hospitals to import freely meningitis vaccine directly. Commercial import will also be permitted on application

to the Drug Controller of India. This decision follows the heavy incidence of meningitis in Delhi and adjoining areas. Since January 1985, there has been a significant increase in the number of cases admitted to hospitals. From January 1 to March 9 last, 1,652 cases were reported and 225 of them were fatal. A sample study conducted in February on the age-wise distribution of 108 deaths reported from five hospitals in Delhi showed that out of 108 cases, 51 deaths were in the age group 1-14. [Text] [Madras THE HINDU in English 18 Mar 85 p 9]

ENTERIC DISEASE OUTBREAK--Calcutta, March 18--Reports of an outbreak of enteric disease have reached Writers' Buildings from the Sunderbans and the districts Bankura, Purulia and Midnapore, Mr B. C. Mukherjee, health secretary, said here today. He said a team of medical experts had already left for the Sunderbans "for a detailed study" as the water there was brackish. Reports of the disease from the districts indicated a marginal outbreak and the state government will do its best to "nip it in the bud," he added. [Text] [Calcutta THE TELEGRAPH in English 19 Mar 85 p 2]

VIRUS INFECTION OUTBREAK--(TOINS from Sangli)--An unidentified virus is in the air here and has affected many people. According to the director of the Miraj Medical Centre, Dr. Thomas, 167 of the 177 people hit by the infection are the employees of the Wanless hospital, including doctors, nurses and ward boys. He told newsmen here on Tuesday that the infection had already claimed one life. A team of experts from the National Institute of Virology, Pune, headed by its deputy director, Dr. Rodricks, had arrived here to identify the virus, he said. Dr. Thomas said there was no need to panic as all possible measures were being taken to check the infection's spread. [Text] [Bombay THE TIMES OF INDIA in English 28 Mar 85 p 17]

CSO: 5450/0112

ITALY

CASES OF AIDS INCREASING

Rome L'ESPRESSO in Italian 24 Mar 85 pp 173, 175, 177

/Article by Giorgio Rivieccio: "The AIDS Scourge"/

/Excerpts/ In the USA, in 4 years, it has claimed 4,500 victims. In Italy, only 12, but the disease is spreading: every 6 months, just as abroad, the number of dead and diseased doubles. Unfortunately, it is a disease which is still incurable.

Rome - Among doctors, it is known as "the doubling rule"; every 6 months, the number of people afflicted and who also die doubles. With this inevitable geometric progression, AIDS, or acquired immune deficiency syndrome, has made its appearance in the world, causing 9,000 incurably ill patients and 5,000 dead, progressing now at the rate of 4 new cases per week in France, Great Britain and Germany and with 10 per day in the United States. Now AIDS has also arrived in Italy. Here, the known cases have gone from 2 in 1982 to 6 in 1983, to 12 during the first half of 1984, to 24 at the end of 1984. At the beginning of March, there were 28, with 12 deaths in all. Developed among homosexuals (8 of those afflicted out of 10), now this viral syndrome is spreading to other categories, especially drug addicts. Therefore it is not only the 28 cases of AIDS which terrify our doctors, but the evolution of the disease: in only 3 years, out of a sampling of 700 drug addicts in Milan and Rome, the presence of the virus has gone from 0 to 50 percent. "Therefore we can presume", says Prof Ferdinando Aiuti of the Third Medical Clinic of the University of Rome, author of research on the disease, "that in Italy, and in this category alone, there are more than 30,000 carriers of the virus, even if only some of them develop the disease or its milder form, called LAS". Above all, AIDS has a very long period of incubation: up to 3 years. "And when it manifests itself", states Prof Mauro Moroni, the director of the clinic for infectious diseases of the University of Milan, "it is too late, there is no help: after 2 years, the mortality rate is 80 percent, after another few years it is total. For this reason, the data relative to the deaths must be considered, in the absence of other data."

But meanwhile, something could already be done, emphasize Aiuti and Moroni. What? A direct investigation of the categories "at risk" to find the presence of the virus, warning the families of those involved of the possibility of contagion; the analysis of blood donated for transfusions and above all action

to inform and sensitize the people in the centers for drug addicts and in the consulting rooms of the general practitioners, who in general do not know who to turn to facing a suspected case of AIDS.

At the regional level, a first step has been taken in Lombardia, where, in January, circulars were distributed in the local health units with information on the disease and on the centers for diagnosis and treatment for those concerned. But in other parts of Italy? "For 2 years", states Aiuti, "I have bombarded the Lazio Region with letters and telephone calls. But so far with no results."

In the other countries, on the contrary, steps have been taken, on a national level. In West Germany (150 verified cases), they have introduced obligatory health reporting and periodic medical examinations even for those who are only AIDS carriers, to whom sexual contacts are furthermore prohibited. In France (160 cases), a mass investigation of 4 million blood donors is about to be completed.

"Within a few weeks, the test will also arrive in Italy", says Moroni, "but we need to remember that its reliability is not absolute and that a certain preparation is required to use it. I would not want some private testing laboratory to procure it, using it perhaps for publicity purposes, with the risk of making erroneous diagnoses. So, the AIDS problem in Italy, instead of decreasing, is reportedly growing."

PHOTO CAPTIONS

1. Prof Luc Montaigner of the Pasteur Institute in Paris: with his team, he has isolated the virus responsible for AIDS.

8956
CSO: 5400/2532

KENYA

BRIEFS

CHLOROQUINE-RESISTANT MALARIA--Nairobi, 19 April (KNA/PANA)--Chloroquine-resistant malaria is worrying doctors in Kenya. According to the Kenya Medical Association's magazine MEDICUS, the situation is so serious that doctors have now called for the establishment of an effective malaria control group. "We have not only identified it as a big public health problem, but also discovered the disturbing revelation that the disease is increasingly becoming resistant to the antimalarial drugs available on the Kenya market," the latest issue of MEDICUS quotes doctors as saying. The magazine calls for the formation of an effective malaria control group which must, among other things, control advertisements and the use of antimalarial drugs in Kenya. It suggests that the action group must involve everybody in the control of malaria and teach the population that mosquito coils are not enough. The magazine adds that a primary health care approach should be instituted in the control and management of malaria. [Text] [Dakar PANA in English 1015 GMT 19 Apr 85 EA]

CHOLERA REPORTED IN SIAYA--Several cholera victims have died in Siaya District since February and 10 more admitted for treatment at the district hospital, according to the Medical Officer of Health, Dr I.B. Amira. The worst-hit areas were West and Central Alego and Usonga locations. Councillor Jectone Sagom of Usonga Location claimed that at least seven people from his area died of the disease and four others were admitted to Muhobola Health Centre in the neighbouring Busia District. [Text] [Nairobi DAILY NATION in English 10 Apr 85 p 3]

CSO: 5400/129

LAOS

BRIEFS

NATIONWIDE ANTI-MALARIA WORK--In 1984 the malaria and insect institute set up stations for malaria prevention and resistance in 11 provinces: Vientiane Capital, Vientiane, Houa Phan, Xieng Khouang, Oudomsai, Luang Prabang, Saysboury, Khammouan, Savannakhet, Champassak, and Saravane. There are also small stations of different levels at the teacher training school in Dong Dok, Forest Company No 1 in Paksan, the bridge and road [company] in Pak Kading, and at production units and different levels of hospitals. The institute also set up a place for research on mosquitoes using western and traditional medicines and other scientific experiments, thereby constructing a foundation for the further prevention and resistance to mosquitoes. Based on the figures collected early last year, different disease prevention stations were able to examine and draw blood samples to screen for malaria in 96,789 people. They sprayed 47,003 houses with a total of 22,914 kg of DDT, distributed antimalaria medicine to 291,437 people and 385,046 people were [saved from malaria]. They experimented by using two kinds of traditional medicine to combat mosquitoes, [medicinal bush and quinine vines]. They studied how to use medicine against mosquitoes, improved the laboratory, and successfully experimental centers and captured mosquitoes for the experiments, etc. They opened training courses for 127 antimalaria comrades of different levels. They also took part in politics, economics, raising the standard of living, etc. [Text] [Vientiane PASASON in Lao 8 Jan 85 pp 1, 2] 9884

VIENTIANE DISTRICT MALARIA WORK (KPL)--Throughout 1984 the medical cadres under the public health section in Thoulakhom District, Vientiane Province, all raised their own revolutionary medical spirit and carefully and actively carried out their specialized tasks. During this time they were able to obtain the following actual achievements: they treated 550 patients, and they treated wounds and performed minor operations for over 560 people. The dental section took care of teeth for a total of 1,230 people. In the skin disease section they treated 565 people. In the mother and child study section they examined blood samples and a total of 1,422 patients. The malaria section also examined and drew blood samples for malaria analysis in 15 villages within 5 cantons, and treated 3,688 malaria patients. [Excerpt] [Vientiane KHAOSAN PATHET LAO in Lao 4 Apr 85 pp A5, 6] 9884

CHAMPASSAK MALARIA WORK (KPL)--Last January the cadres under the public health section in Champassak Province all attentively and actively carried out their revolutionary medical duties. They sent over 2,270,300 tablets of different kinds of medicines and over 15 tons of DDT to 10 districts, distributed anti-malaria medicine to the people of ethnic groups in production bases, and also examined blood samples for over 600 people in order to screen for malaria. Now they are continuing to give physical examinations and to distribute medicines to the people at the grassroots with high responsibility in order to keep these working people healthy and to make them able to boost their production. [Text] [Vientiane KHAOSAN PATHET LAO in Lao 18 Feb 85 p A5] 9884

CSO: 5400/3381

MALAYSIA

DENGUE FEVER CASES DOWN

Kuching THE BORNEO POST in English 26 Feb 85 p 2

[Text]

KUALA LUMPUR, Mon:- Health authorities today reported a reduction in the number of dengue fever and dengue haemorrhagic fever cases in the country so far this year compared with the same period last year.

The director of the Vector-Borne Diseases Control programme, Dr Chong Chee Tsun, said that for the period this year 25 cases of dengue fever and 21 cases of dengue haemorrhagic fever were reported.

For the period last year, there were 67 cases of dengue fever,28 cases of dengue haemorrhagic fever and one death.

Dr Chong said Pulau Pinang had the most number of cases- 13 with one death.Next came Sarawak with eight cases.

No case were reported in Perlis, Melaka, Terengganu and the Federal Territory.

Dr Chong said that when signs of an outbreak of the disease in an area were discovered, adulticiding would be carried out with the use of "malathion" twice, once in the first week and then in the second.

He advised the people to maintain cleanliness in and around their house, particularly during the current rainy season, to prevent breeding of the aedes mosquito.

He said checks were made from time to time on houses to ensure they did not provide breeding ground for the mosquito.

CSO: 5400/4370

MAURITANIA

BRIEFS

CHOLERA REPORTED IN COASTAL AREA--Cholera has appeared once again in our coastal area. In the last few months of last year it threatened the central and western region of the African continent. Mauritanian health quarters have stressed that cholera recently appeared in the southeast part of the country bordering on the Senegal River. In a statement to Comrade Mohamed 'Abdallahi abu Zayid, Dr Ba Mohamed al-Amin, director of health, explained that the appearance of cholera was not unexpected in our country especially since the disease had not been finally eradicated in our coastal area. Dr Ba said that this situation reappears whenever suitable conditions for its spread became available and that its combat demands gigantic and effective coordination among the various countries of the globe. [passage omitted] [Excerpt] [LD180928 Nouakchott Domestic Service in Arabic 2030 GMT 17 Apr 85]

CSO: 5400/4601

BRIEFS

UNIDENTIFIED DISEASE KILLS CHILDREN--Ixhuatlan de Madero, Ver., 2 Feb--An unidentified disease has claimed the lives of 27 Indian children here this week, it was reported by Antonio Ortega Martinez, federal deputy and local PST [Socialist Workers Party] leader. Despite the fact, and although they already are aware of it, the health authorities have not dealt with the problem, which is causing alarm among thousands of the inhabitants of this region of the Sierra de Chicontepec, the deputy pointed out. Meanwhile, the principal of the only primary school in the place closed down the facility, with the explanation that "there are only two children left there, and therefore, no more classes will be held." [Excerpt] [Mexico City EXCELSIOR in Spanish 3 Feb 85 p 39-A] 8131

CSO: 5400/2037

NIGERIA

OFFICIALS ENCOURAGE IMMUNIZATIONS IN ANAMBRA

Enugu DAILY STAR in English 9 Feb 85 p 16

[Excerpt] The Expanded Programme on Immunization was on Thursday launched in Anambra State.

Launching the programme at the Obodo-Nike Health Centre, near Emene, the state military governor, Navy Captain Alison Madueke paid glowing tribute to the United Nations International Children's Education Fund (UNICEF) under whose auspices the programme has assumed a wider dimension in the country.

Governor Madaeke then charged public health workers to move into the remotest villages and preach the gospel of the programme so that Anambra State women would bring out their children to be immunised.

Describing the call as a national one, the governor expressed his awareness that the efforts made in the past towards eradicating such deadly diseases like measles, diphtheria, whooping cough, tetanus, polio and tuberculosis have not yielded the desired result and that records of such exercises were not up-to-date.

Navy Captain Madueke explained that in view of the importance which Anambra State attached to the programme, it was proposed that in due course, the programme would progressively cover the 23 local government areas of the state.

He said that the Ministry of Information, Social Development, Youth, Sports and Culture would in liaison with the Ministry of Health, embark on an intensive public enlightenment campaign in the state, in order to create the much-desired awareness among our people on the importance of the programme.

He also directed the Ministry of Health to submit quarterly to the Directives Monitoring Unit of the Military Governor's Office, a properly articulated salient data on the programme.

Prevalence

The governor recalled that in the first half of this century, most of our communities lived in villages where standard of sanitation and other areas of public health were underdeveloped.

This situation, he said, became conducive to the prevalence of deadly diseases which killed mostly children between the ages of one and five.

Governor Madueke expressed happiness that with the growth of science through research, various vaccines had now been developed and used for immunisation against these diseases.

While having the confidence that with the present immunisation campaign, these deadly diseases would be eradicated from all parts of the state, Governor Madueke warned, however that the efforts would come to nought if the people were not carried along.

He said that people should be told in the language they understood what the programme was all about, adding that the sign-post of victory over these diseases would be the attainment of the goal of health for all by the year 2,000.

CSO: 5400/99

NIGERIA

BRIEFS

PLATEAU VACCINATIONS--A total of 10,470 expectant mothers and children have been vaccinated under the revised immunisation programme, the Plateau State Commissioner for Health, Mr Abok Nyam, said in Jos. He told the News Agency of Nigeria (NAN) that there had been an increase in the number of children and expectant mothers vaccinated since the launching of the programme compared to 1,078 vaccinated in January last year. Mr Nyam said that although the activities had been confined to the Jos Local Government Area, plans were underway to extend the programme to five other local government areas by March. He said that the state needed a constant supply of vaccines from the Federal Ministry of Health to enable it to carry out the programme. The commissioner said that 63,833 pregnant mothers would be vaccinated this year, while 314,883 children and 178,910 pregnant mothers would be vaccinated next year. [Excerpt] [Enugu DAILY STAR in English 13 Feb 85 p 4]

CSO: 5400/99

PEOPLE'S REPUBLIC OF CHINA

LI DESHENG SPEAKS ON DISEASE PREVENTION

OW040630 Beijing XINHUA Domestic Service in Chinese 1317 GMT 3 Apr 85

[By reporters Wang Ke, Zhou Zuyou]

[Text] Hangzhou, 3 Apr (XINHUA) -- Li Desheng, member of the Political Bureau of the CPC Central Committee and head of the CPC Central Committee's leading group for prevention and treatment of endemic disease, said here today that the nation was plague-free in 1984. During the same year, he said, Henan, Beijing, Shanxi, Gansu and Shandong accomplished greater successes in controlling goiter disease than in the past several years. Speaking at a national conference attended by directors of offices of leading groups for prevention and treatment of endemic disease under the party committees of various provinces, autonomous regions and municipalities directly under the central government, Comrade Li Desheng said that because of party rectification, leading party and government organs at all levels have attached greater attention to prevention and treatment of endemic disease. According to incomplete statistics, he said, 40 leaders of provincial-level party and government organs visited over 140 counties and banners in 1984 to conduct investigation and study and solve problems appearing in the course of controlling endemic disease. Twelve provinces set up disease provention and treatment centers, and departments concerned of state organs also did their best in coordinating disease prevention and treatment.

Comrade Li Desheng said: Since last year, many areas have achieved conspicuous successes in improving their disease prevention and treatment operation. Under contracts, leading comrades of Qinghai Province have taken the initiative in controlling the plague in major epidemic areas. To ensure good performance, they have also instituted a stringent assessment system, as well as award and penalty measures. With money raised from departments at various levels through all channels, some areas not only have acquired larger funds for disease prevention and treatment, but also have aroused the masses' enthusiasm for controlling diseases. To fluoridate and improve the quality of drinking water, people in Shandong have raised over 11.55 million yuan for the project, compared with some 3.2 million yuan from the provincial financial department and 4.5 million yuan from various prefectures and counties. By means of bids and contracts, Chifeng City in Nei Monggol has expedited progress in improving its water quality. The amount of water treatment projects accomplished in 1984 accounted for one-third of all the projects accomplished during the preceding decade. Comrade Li Desheng stressed: We must follow the correct guidance for our work, and make sure that prevention and treatment of endemic disease is subordinated to and serves the four modernizations. Prevention and treatment of endemic disease has a direct bearing on the life and health of large numbers of people, on stronger national defense in the frontier areas, and, above all, on our nation's modernization

drive. Serving the people wholeheartedly is the CPC's objective. The people's sufferings are our sufferings. The broad masses of party members, cadres and personnel engaged in prevention and treatment of endemic disease must throw themselves into prevention and treatment of endemic disease with profound feelings and a high sense of responsibility toward the masses. We must uphold the principle of integrating prevention and treatment of disease with eradicating poverty and achieving prosperity. With party rectification serving as an impetus, let us act firmly to reform our operation so that disease control and various research projects can be accomplished on time.

Also present at today's meeting were Guo Ziheng, deputy head of the CPC Central Committee's leading group for prevention and treatment of endemic disease and vice minister of health; and Sun Wieben, secretary of the Liaoning Provincial CPC Committee, as well as Wang Fang, secretary of the Zhejiang Provincial CPC Committee.

CSO: 5400/4134

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29 May 1985

PEOPLE'S REPUBLIC OF CHINA

ANTIGENIC VARIATION OF INFLUENZA A (H3N2) VIRUS IN RELATION TO INFLUENZA EPIDEMICS IN SHANGHAI

Beijing CHINESE MEDICAL JOURNAL in English No 2, Feb 85 pp 83-88

[Article by Shen Fang-zheng and Wang Mei-hua, Shanghai Hygiene and Anti-epidemic Center in Shanghai]

[Text]

This paper describes the antigenic variation of influenza A virus in relation to influenza epidemics in Shanghai in the 10 years since the first prevalence of H3N2 virus in 1968. 367 strains of H3N2 virus were isolated, the isolation rates ranging from 37.7 to 97.0%. Antigenic analysis of annual representative strains revealed that epidemics of varying intensity due to 6 variants occurred in Shanghai and intermediate and "side-stream" strains were also found in the process of variation.

Two distinct types of antigenic variation have been demonstrated in influenza A (H3N2) virus, i.e. antigenic drift and antigenic shift.[1] The drift consists of relatively minor changes that occur gradually within a family of strains and bring about epidemics on a small or moderate scale all over the world. The antigenic shift involves much more sudden and dramatic antigenic changes and causes pandemics.

Although much information has been accumulated on this subject, the nature of influenza virus antigen variability and the rules governing natural variation are still not well clarified, causing great difficulties in the prevention and control of influenza. Continuous monitoring of antigenic changes and influenza epidemics is essential not only for further understanding the rules of influenza virus natural variation, but also for early detection of influenza epidemics and appearance of new antigenic subtypes. This article reports the antigenic variations of H3N2 in relation to the prevalence of influenza in Shanghai since 1968.

MATERIAL AND METHODS

Isolation of viruses and selection of representative strains. The specimens for virus isolation were chiefly collected from the nasopharyngeal washings of patients with acute upper respiratory tract infection and high fever (≥38.5 C) at outpatient clinics and institutions where outbreaks occurred. The specimens were individually inoculated into the amniotic cavity of chick embryos by the routine method. After preliminary identification, subtype H3N2 strains were examined by hemagglutination inhibition tests using chicken immune sera prepared with representative recent strains and their antigenicity was compared. When an antigenic variant was identified, it was selected as the new representative strain and sent to the Institute of Virology of the Chinese Academy of Medical Sciences in Beijing for further study (Table 1).

Table 1. Isolation date and virus antigenicity of strains

Strains	Isolation date (year, month)	Antigenicity (similar to)
A Shanghai/2/68	1968.7	A Beijing/1/68
A Shanghai/3/71	1971.3	A Shanghai/8/71
A Shanghai/29/71	1971.12	A Beijing/101/71
A Shanghai/10/72	1972.9	A Canton/241/72
A Shanghai/5/74	1974.1	A Guangzhou/133/74
A Shanghai/3/75	1975.2	A Guangzhou/133/74
A Shanghai/13/75	1975.7	A Beijing/39/75
A Shanghai/36/77	1977.3	A Canton/20/77

Antigens and immune sera. Virus antigens were prepared from the allantoic fluid of chick embryos and immune sera by intravenous injection of chickens with fresh allantoic fluid virus.

Sera and their treatment. The data on normal human adult sera are listed in Table 2. Normal

Table 2. Normal adult sera and date of collection in the Shanghai urban area

Specimen collecting (year, month)	Sera numbers
1967, 6-8	30
1968, 8	206
1968, 9	474
1970, 12-1971, 1	301
1972, 8	272
1973, 8	200
1974, 10	210
1975, 10	200
1976, 9	200
1977, 3	200
1977, 8-9	200
Total	2,593

human sera and chicken immune sera were treated with cholera filtrate by the routine method. Any non-specific hemagglutinin against chick red cells in the sera were absorbed with concentrated chick red cells.

Absorbed sera. For the identification of virus strains isolated in January-March 1974, chicken immune sera to A/SH/10/72 were absorbed with concentrated A/SH/5/74 virus and vice versa, after which antibody corresponding to the absorbing antigen should be completely removed.[2] Absorbed sera were then used for the identification of recently isolated strains by HI test.

Antigenic analysis. Differences in antigenicity were calculated and expressed as "antigen ratio"[3] according to the following formula:

$$\sqrt{\frac{\text{antisera I titer to strain I}}{\text{antisera I titer to strain II}} \times \frac{\text{antisera II titer to stain I}}{\text{antisera II titer to strain II}}}$$

If the antigen ratio is<1/1.5, it means that there is no detectable difference in antigenicity between the two strains. The larger the denominator, the more significant the difference.

RESULTS

Prevalence of influenza A virus (H3N2) and virus isolation. The results are shown in Table 3. From 623 specimens, 367 strains of virus A were isolated (besides influenza B virus). The isola-

Table 3. H3N2 virus isolation and its epidemic prevalence during 1968-1977

Specimen collection	Epidemic prevalence		Virus isolation			Representative strains
	Area	Degree	Samples	No.	%	
1968, 7-8	Mainly in urban area	+++	82	32	31.6	A/SH/2/68
1968, 12-1970, 2	Mainly in rural area	+++	67	31	63.9	A/SH/3/68
1970, 8-12	In both urban and rural areas	+	58	31	53.4	A/SH/3/68
						A/SH/3/68
						A/SH/3/71
1971, 1-2	In both urban and rural areas	±	31	19	61.9	(A/SH/3/71)
1971, 11-1972, 2	Mainly in urban area	+	43	17	37.7	A/SH/29/71
1972, 9-10	Mainly in urban area	++	50	27	54.0	A/SH/10/72
1973, 1	In both urban and rural areas	±	5	4	80.0	A/SH/10/72
1974, 1-3	Mainly in urban area	+	33	32	97.7	A/SH/10/72
						A/SH/5/74
1974, 7-8	Mainly in urban area	++	60	37	60.6	A/SH/3/75
1974, 12-1975, 2	In both urban and rural areas	±	13	8	61.5	A/SH/3/75
1975, 7-8	Mainly in urban area	++	34	24	70.5	A/SH/13/75
1975, 12-1976, 2	In both urban and rural areas	+	33	22	66.7	A/SH/13/75
1977, 1-3	In both urban and rural areas	+	33	16	50.0	A/SH/13/75
1977, 8-9	Mainly in urban area	++	102	51	50.0	A/SH/36/77

tion rate ranged from 37.7 to 97.0%, averaging 58.9%. 31 strains isolated in January-March 1974 were further examined with crossabsorbed sera of A/SH/10/72 and A/SH/5/74 reciprocally. 8 strains belonged to A/SH/10/72 and 21 to A/SH/5/74, whereas 2 strains could not be identified by either sera (Table 4).

From the results and the data on epidemic prevalence, it can be seen that in the summer and autumn of 1968 H3N2 virus first occurred in Shanghai as did the epidemics due to its 4 variants (A/SH/10/72, A/SH/3/75, A/SH/13/75, A/SH/56/77) occurred in the same seasons. Each variant caused 2 or 3 epidemics in Shanghai except A/SH/3/71 and A/SH/29/71. Shortly after a small epidemic caused by A/SH/29/71 and related strains in the winter of 1971, it was rapidly supplanted by a more extensive epidemic caused by A/SH/10/72 in September 1972. A/SH/10/72 and A/SH/5/74 caused epidemics concurrently in January-March 1974, but the latter predominated. In July-August of that year, a more extensive epidemic due to A/SH/3/75 virus occurred.

Antigenic analysis. 8 representative strains of H3N2 in 1968-1977 were examined by cross HI test. Their differences in antigenicity are shown in Tables 5 and 6. In 1968-1977, the degree of antigenic variation as expressed by antigenic ratios of A/SH/3/68, A/SH/10/72, A/SH/13/75 and A/SH/56/77 was larger than 1:4. A/SH/3/71 was intermediate between A/SH/3/68 and A/SH/29/71, its isolation rate was low and it caused no epidemic. The antigen ratios of A/SH/29/71, A/SH/3/71 and A/SH/10/72 were similar. The A/SH/29/71 strain, which was replaced rapidly by A/SH/10/72 after causing a minor epidemic in Shanghai, may belong to a "side-stream" variant in the process of variation. The difference in antigenicity between A/SH/5/74 and A/SH/3/75 was insignificant, but was significant when each of them was compared with A/SH/3/68. The differences between A/SH/56/77 and preceding variants were also significant.

Population immunity. 30 serum samples were collected prior to the epidemic H3N2 virus in 1968. No antibody to A/SH/3/68 could be detected. In the first epidemic caused by this strain, the community antibody positive rates ranged from 51.7 to 72.8% in some units where outbreaks occurred. After the epidemic, the community positive rates in the institutions without outbreaks ranged from 26.8 to 37.1%. It may be estimated that the average antibody positive rate

Table 4. HI titer of 21 H3N2 strains using 2 different cross absorbed immune sera

Strains	HI titer		Antigenicity (similar to)
	I	II	
A/SH/1/74	80	< 10	A/SH/10/72
2	80	< 10	A/SH/10/72
3	80	< 10	A/SH/10/72
4	< 10	17.5	A/SH/5/74
5	< 10	17.5	A/SH/5/74
6	< 10	17.5	A/SH/5/74
7	< 10	12.5	A/SH/5/74
8	< 10	15	A/SH/5/74
9	80	< 10	A/SH/10/72
10	< 10	12.5	A/SH/5/74
20	100	< 10	A/SH/10/72
21	100	< 10	A/SH/10/72
22	< 10	17.5	A/SH/5/74
23	< 10	15	A/SH/5/74
24	< 10	17.5	A/SH/5/74
25	< 10	12.5	A/SH/5/74
26	< 10	12.5	A/SH/5/74
27	< 10	12.5	A/SH/5/74
28	< 10	< 10	?
29	< 10	15	A/SH/5/74
30	< 10	15	A/SH/5/74
31	< 10	15	A/SH/5/74
32	< 10	15	A/SH/5/74
33	< 10	15	A/SH/5/74
34	80	< 10	A/SH/10/72
35	100	< 10	A/SH/10/72
36	< 10	17.5	A/SH/5/74
37	< 10	17.5	A/SH/5/74
38	< 10	15	A/SH/5/74
39	< 10	15	A/SH/5/74
40	< 10	< 10	?
A/SH/10/72	100	< 10	Contrast
A/SH/5/74	< 10	15	Contrast

Note: I A/SH/10/72 antiserum was absorbed with A/SH/5/74

II A/SH/5/74 antiserum was absorbed with A/SH/10/72

Table 5. Cross HI titer of H3N2 representative strains (1968-1977)

Immune sera	Cross HI titer							
	68-7*	71-3	71-10	72-10	74-5	75-3	75-13	77-36
A/SH/1/68	200	40	20	20	20	7.5	5	5
A/SH/3/71	200	400	80	80	40	40	40	10.5
A/SH/10/71	70	200	100	40	80	20	20	15
A/SH/10/72	200	200	100	400	320	80	40	80
A/SH/5/74	200	200	200	160	280	240	160	60
A/SH/3/75	60	200	120	200	200	320	160	60
A/SH/13/75	60	240	60	160	160	200	640	120
A/SH/36/77	30	160	240	40	80	120	120	960

* Representative antigen

Table 6. Antigenic ratios between H3N2 representative strains isolated in 1968-1977

Strains	68-1	71-3	71-10	72-10	74-5	75-3	75-13	77-36
A/SH/1/68	1	2.32	2.83	6.93	8.39	16.48	23.49	87.9
A/SH/3/71		1	2.83	2.83	2.38	7.28	8.36	13.93
A/SH/10/71			1	1.36	1.36	2.73	7.48	8.69
A/SH/10/72				1	1.87	2.46	5.65	9.50
A/SH/5/74					1	1.46	3.69	5.17
A/SH/3/75						1	2.77	6.73
A/SH/13/75							1	2.62
A/SH/36/77								1

Table 7. Antibody level against A/SH/1/68 virus in the population before and after epidemics

Strain and year of epidemic	Before or after epidemic	Cases	Antibody rate	
			No. pos.	%
1967-68	Before	80	0	0
1968-69	After	92	67	72.8
		114	48	42.1
1970-71	After	124	46	37.1
		111	29	26.0
		278	97	34.9

was about 45% after the epidemic. Therefore, the annual level of antibody against variants varied with the frequency and interval of epidemics (Tables 7,8).

Correlation of antigenic variation, population immunity and influenza epidemics. The available information on viral antigenic variation in population immunity and influenza prevalence are schematically presented in Fig. 1. It can be seen that when a new variant appeared in Shanghai and population immunity was low or absent, an epidemic due to this new strain occurred. At such a time the epidemic scale depends upon the degree of antigenic variation. The post-epidemic population immune level rose continuously so that transmission of these viruses was gradually limited. After a variant caused a second epidemic (the "side stream" variants of 1971 caused only one) the population immune level reached about 70%, so it was expected that the subsequent epidemic would occur only sporadically. Later on, when the population immune level increased to 80% or more, the epidemic due to this variant

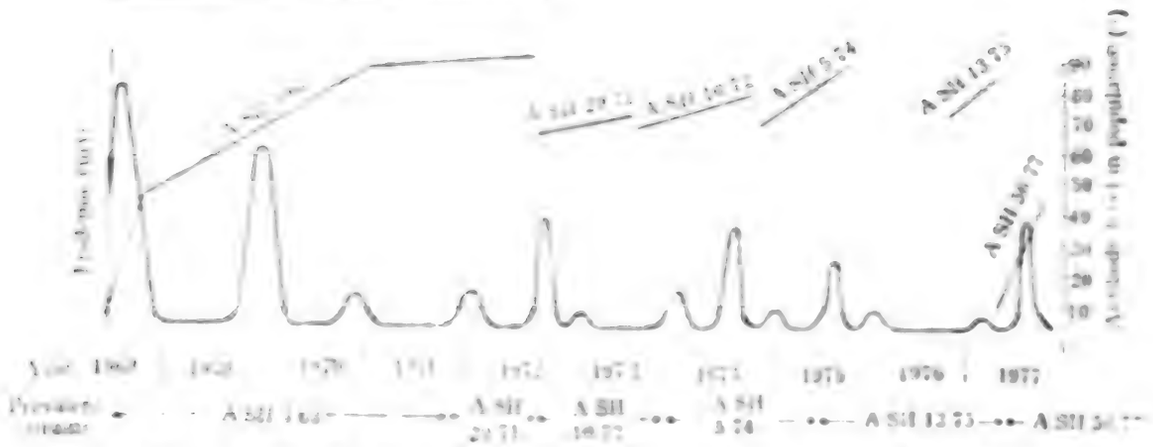

Fig 1. Correlation between antigenic variation, population immunity and influenza epidemics of H3N2 viruses

Note: The wavy line represents the dynamics of antigenic variation of H3N2 virus. The dotted line represents side stream of virus variation. The straight line represents population immunity level against variants.

Table 8. Annual antibody level against H3N2 virus variants in the population (1968-1977)

			Antibody rate	
		Cases	Number	%
1970, 12/1971, 1	A/SH 2/68	301	314	98.97
1972, 8	A/SH 3/68	86	88	91.7
	A/SH 10/72	170	110	63.0
1973, 8	A/SH 10/72	200	145	72.5
	A/SH 10/72	200	129	69.5
1974, 10	A/SH 10/72	210	164	78.1
	A/SH 3/74	210	144	68.6
1975, 10	A/SH 3/74	200	179	89.5
1976, 9	A/SH 13/75	200	60	29.9
	A/SH 13/75	100	71	71.0
1977, 3	A/SH 13/75	100	84	84.0
1977, 8-9	A/SH/50/77	200	90	45.9

would be terminated, indicating that a new variant would cause the next epidemic. In January-March 1974, however, the variant A/SH 10/72 occurred concurrently with A/SH 3/74 before the population immune level to the former strain had reached 80%.

DISCUSSION

It is more than 10 years since the first occurrence of the H3N2 virus. According to the variation cycle of the H1N1 virus and H2N2 virus (both are 11 years), consideration of the emer-

Table 9. Epidemics and prevalence period of H3N2 virus variants in Shanghai

Stage of variation	Strains	Epidemic period	Degree of epidemic	Period of prevalence
Relatively stable	A/SH/3/68	July-Aug 1968	+++	3 years and 4 months
		Dec 1968-Feb 1970	+++	
		Aug-Dec 1970	+	
Obvious variation	A/SH/29/71	Dec 1971-Mar 1972	+	9 months
	A/SH/10/72	Sep-Oct 1972	++	
		Jan 1973	±	1 year and 3 months
		Jan-Mar 1974	+	
	A/SH/3/74	Jan-Mar 1974	+	
	(A/SH/3/74)	July-Aug 1974	++	1 year and 8 months
		Dec 1974-Feb 1975	±	
	A/SH/13/75	July-Aug 1975	++	
		Dec 1975-Mar 1976	+	1 year and 10 months
		Feb-Mar 1977	+	
	A/SH/94/77	May-Aug 1977	++	

gence of a new subtype capable of causing pandemic is warranted. During January-February 1976 swine influenza virus caused an outbreak in military recruits at Fort Dix, New Jersey, USA.[4] In 1977 the H1N1 virus reappeared.[5] It seems that reappearance of an old virus may have occurred many years before, but was not detected due to the limited virologic technics. Which currently prevalent H1N1 and H3N2 virus will replace the other or which new subtype will replace both viruses is still unknown. These questions must be elucidated by further observation.

As to the rules of antigenic variations of influenza A virus in nature, Xue et al[6] suggested a plausible theory: antigenic drift can be divided into 3 stages: a relatively stable period lasting 3-4 years after the appearance of a new subtype, a period of obvious variation lasting 6-7 years and a period of drastic variation lasting 1 year or so. We considered that the process of antigenic variation of the H3N2 virus in 1968-1979 basically supported this hypothesis (Table 9). It is necessary to strengthen isolation of strains, to monitor whether the H3N2 virus reaches its last stage of mutation and whether a new antigenic subtype can emerge to cause a pandemic. Of course, it is also important to observe the trend of variation of the H1N1 virus and to isolate animal influenza viruses more extensively, particularly in mammals and avians closely associated with man in order to study the relationship between animal influenza viruses and human influenza.[7]

Influenza is a world-wide communicable disease which spreads most rapidly and has the highest incidence. In big, densely populated cities with a high frequency of personal contact, continuous monitoring of influenza virus antigenic variations can basically reveal all variants in the process of variation in the population, except for time differences from other areas. In the process of variation, intermediate variants and "side-stream" variants such as A/SH/3/71 and A/SH/29/71 can be isolated. Sometimes "side-stream" variants such as A/SH/29/71 can cause a brief epidemic and may be associated with the formation of immunity in the population even after its replacement by the "main-stream" strain.

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CSO: 5400/4140

PERU

YELLOW FEVER RECURRING: INFANT MORTALITY RATE HIGH

Lima EL COMERCIO in Spanish 16 Mar 85 p A-16

[Text] Yurimaguas, 15 (by Victor E. Ridriguez Olaechea, special correspondent)--Yellow fever is again menacing the town of Yurimaguas, where several cases of that tropical disease have been detected, and its transmitting agents have been found in the water tanks in the urban area of the city.

The acting director of the Yurimaguas Hospital Zone No 2, Dr Manuel Urtega Pando, reported that it is feared that yellow fever, which was believed to have been eradicated, has reappeared in the Department of Loreto, and especially in Alto Amazonas.

He said that the presence of the "aedes aegypti" mosquito which causes the disease, detected in water tanks during the periodic inspections carried out by personnel of the Health Zone, could be the source of a new plague which of course they will try to eradicate.

The occurrence of the first cases of yellow fever and the detection of its transmitting agent has caused a program of urban disinfection to be set in motion. This is going on simultaneously with the malaria eradication program which has been reactivated in the urban and rural areas.

Infant Mortality

Another negative factor afflicting the population of Alto Amazonas is the infant mortality, which is the main cause of disease and deaths, as it is in every department in the country.

In 1984 the Yurimaguas Hospital Zone No 2 reported that 45.5 percent of deaths in children from 1 to 5 years were caused by diseases of the respiratory tract, followed by gastroenteritis.

Mortality in General

The general mortality among the population of the province reached 28.5 percent during 1984.

In arriving at this percentage, the signs, symptoms and poorly defined unhealthy conditions related to deaths which are not reported in the urban, and particularly the rural, areas have not been taken into account; so that it is believed that the percentage of deaths is even higher.

With respect to diseases among the adult population, tuberculosis headed the list in the same year, followed by malaria, which, like yellow fever, is reappearing.

Recently, in 1984, the antimalaria campaign which had been mistakenly discontinued was reactivated. The province's health authorities, with that objective in mind, have begun a widespread program of fumigation inthe urban areas and in the countryside, so as to attack the malaria vector. This has been successful up to now, the doctor who was quoted asserted.

8131
CSO: 5400/2038

PERU

BRIEFS

VAMPIRE BATS ATTACKING LIMANS--The inhabitants of Caja de Agua, Zarate, Canto Grande and other areas in San Juan de Lurigancho are gripped with panic because of the sudden appearance of bats and vampire bats which not only frighten them but (the vampires) afflict them with ferocious bites which have serious effects on their health. The first victims of the bats--whose bites can very easily transmit rabies--have appeared in the settelment of Caja de Agua, located in the vicinity of Cerro San Cristobal. Justo Zamora Arias, age 41, a modest laborer, was attacked by a vampire bat on his neck in the region of the cava superior vein. The animal sucked blood in the terrifying manner of Dracula. The worker, whose house is on the Chacarilla de Otero hill, very near San Cristobal, was taken to the emergency room of the Rimac Hospital, where he underwent anti-rabies treatment to prevent him from contracting the terrible disease. When interviewed by EL COMERCIO, Zamora Arias related that the incident occurred a week ago in his home. "That day I was sleeping peacefully, I even dreamed that someone was caressing me. When I awoke, I felt a pull on my neck. I raised my hand to the side, and I felt blood," Justo declared, still shaken by the incident. [Text] [Lima EL COMERCIO in Spanish 4 Apr 85 p A-1] 8131

CSO: 5400/2047

PHILIPPINES

TYPHOID EPIDEMIC STRIKES HUNDREDS

Manila BULLETIN TODAY in English 24 Mar 85 p 9

[Text] [illegible] Cavite, [illegible] in the past few [illegible] the Health [illegible] Ministry of [illegible]

[illegible] at the Bagong [illegible] resettlement [illegible] where several [illegible] former squatters from Manila, [illegible] Caloocan, [illegible] Quezon City were resettled.

[illegible] said the cause of [illegible] examination of water from two distribution points was found positive for coliform, he said.

Unsatisfactory sanitation in the area was also believed to be a factor which has contributed to the outbreak. Houses were built of light materials and have inadequate water supply. Barangays were crowded with a water-sealed type of toilet for each lot area, it was reported.

Dr J Ybanez, Region 4 health director, said local health personnel in Cavite have started disinfecting sources of water, providing households with chlorine solution and advising them to boil drinking water. They have also conducted immunization, education [illegible] on proper food handling and intensive surveillance of cases by rectal swab examination.

Bureau of Research and Laboratories (BRL) records showed 461 suspected cases of typhoid fever from the resettlement area, 41 of whom have been confirmed positive [illegible]

CSO: 5400/4386

PHILIPPINES

MANILA RAISES 'RED ALERT' ON MEASLES, TYPHOID

Manila BULLETIN TODAY in English 1 Mar 85 pp 1, 11

[Article by Jun Ramirez]

[Text]

Manila Mayor Ramon D. Bagatsing declared yesterday a city-wide "red alert" in the wake of an alarming increase in the incidence of measles and typhoid fever, the highest in the city in the last five years.

City Health Officer Evangeline. Guzman-Suva described the situation as "serious" and advised the public to take precautions.

Suva said cases of other highly communicable diseases like pneumonia, gastroenteritis, tetanus, diptheria, and H-fever, are also in the upswing.

The "red alert" is flashed if the incidence of a particular disease is at least 70 percent more than the average during the past five years, Suva said.

She said 17 typhoid cases were reported last Feb. 17-23, two more than the previous week's total and 72 percent more than the weekly average of four cases during the past five years.

Suva said cases of measles totalled 162, up last week by 325 percent from the average during the past five years of 94 cases.

Of the 162 measles cases, eight died, she said. No typhoid fever death was reported.

Suva said 29 of the more than 200 pneumonia patients last week died, as did two of the 161 patients afflicted with gastro-enteritis.

The spread of diseases was due largely to poor sanitation and low body resistance to diseases, Suva said.

She said, however, that the incidence of measles could be reduced by avoiding direct contact with those afflicted, not using their articles, and immunization.

Suva said typhoid fever can best be avoided by boiling drinking water for at least 10 minutes, cooking food properly, avoiding insanitary eating places, cleaning breeding places of flies, and proper disposal of garbage.

CSO: 5400/4372

PHILIPPINES

BRIEFS

TYPHOID STRIKES 74 IN OLONGAPO--OLONGAPO City--At least 74 people have been downed by typhoid fever in this city as an outbreak, suspected since last week, was confirmed by the city health officer yesterday. Health Officer Dr. Generoso Espinosa told Malaya that his office has noted 74 cases--ranging from a five-year-old to a 48-year-old victim--and that control measures are now in progress. A Malaya survey indicated, however, that there are other still unreported typhoid fever cases in private hospitals and clinics which could raise the toll to over a 100. Typhoid fever is caused by a bacteria that is present in dirty drinking water, according to the chief of Olongapo City General Hospital, Dr. Reino Rosete. Symptoms of the disease include loose bowel movement and continuous high fever. Espinosa, in his report to Mayor Richard Gordon the other day, said that the outbreak had been aggravated due to the earlier discontinuation of mass immunization. Concerned citizens told Malaya they blamed the outbreak on the failure of the local government to collect garbage, repair faulty drainage systems and poor quality drinking water. An unconfirmed report said that an examination of the city's drinking water made by technicians of the US naval base near here showed that typhoid bacteria is present. [Godo Pineda] [Text] [Quezon City ANG PAHAYAGANG MALAYA in English 6 Mar 85 p 8]

PNEUMONIA KILLS 153 IN MANILA--MANILA, March 24 (PNA)--Pneumonia has claimed the lives of 153 children and hospitalized 813 others in Manila for the three-week period ending last March 16, the city health department reported today. City health officer Evangeline Suva, in stressing the need for public awareness of health safeguards, said of the 153 pneumonia fatalities, 54 were registered from March 10 to 16, 45 from March 3 to 9, and 54 from February 24 to March 2. She said that all the deaths and hospitalized were children below six years from the depressed areas of Manila, particularly in Tondo and Sampaloc districts. The pneumonia victims were reported by the various health centers, the San Lazaro hospital, the Ospital ng Maynila, and the other hospitals in the city, she said. According to Suva, majority of the children who died of pneumonia were treated or taken to hospitals when the ailment was already in an advanced stage. [Text] [Quezon City ANG PAHAYAGANG MALAYA in English 25 Mar 85 p 8]

CSO: 5400/4385

PORTUGAL

BRIEFS

MORE AIDS CASES CONFIRMED--EXPRESSO learned from a medical source at the Lisbon Civil Hospitals (HCL) that seven cases of AIDS have already been confirmed in Portuguese central hospitals. Although "understandably disturbing," the number of patients stricken by AIDS in Portugal is not yet considered "alarming" by the specialists; because the percentages of cases per million inhabitants discovered in several countries with a socioeconomic pattern identical to ours, such as Spain, for example, are substantially higher. In any event, aware that the number of victims will surely increase, the hospital services have now alerted the health authorities and the Ministry of Health itself to "the need for starting to create specific treatment agencies for the cases that have been detected." According to the physicians, this would be an attempt to prevent a situation which is quite foreseeable, a rise in the number of victims, by improving the conditions for treatment still further and also facilitating the patients' isolation. This latter point, until recently regarded as irrelevant, is nevertheless starting to be viewed as another precaution, after the contagion which occurred in France, with a female physician and a hospital employee (an electrician) who had come in contact with carriers of the virus while performing their duties. [Excerpt] [Lisbon EXPRESSO in Portuguese 5 Apr 85 p 1] 2909

CSO: 5400/2536

SOMALIA

OFFICIAL DENIES REFUGEES LEAVING, CITES CHOLERA DEATHS

Abyssinia 'Propaganda'

EA030833 Mogadishu Domestic Service in Somali 1115 GMT 2 Apr 85

[Text] Yusuf Abdi Shirdon, general manager of the National Refugee Commission, today denied claims that some refugees in Somalia are returning to their homes. Addressing a press conference at the refugee headquarters in Mogadishu, the general manager added that, on the contrary, between 300 and 400 new refugees are entering the SDR [Somali Democratic Republic] daily. He reiterated that this propaganda by Abyssinia and her cohorts is aimed at hoodwinking international public opinion, thereby jeopardizing international humanitarian assistance to these desperate people.

Shirdon said between 27 March and 31 March more than 400 people died of cholera, while 500 others are on the verge of death from cholera at (Genet) refugee camp. Somalia, said Shirdon, has put everything at its disposal to combat the disease. International organizations in the [northern] regions are also coordinating this operation.

Turning to the general living conditions of these refugees, the manager said refugees in all the refugee camps are in desperate need of food, medicine, and other basic needs. Since mid-1984, the Somali Government has appealed to the world community, the UNHCR [UN High Commissioner for Refugees], and other relief organizations for urgent relief for these refugees.

Cholera Deaths

EA030835 Mogadishu Domestic Service in Somali 0330 GMT 3 Apr 85

[Text] A statement issued last night by the SDR [Somali Democratic Republic] Health Ministry said that between 27 March and 1 April, out of 2,435 people affected by cholera at (Genet) refugee camp in Hargeysa, 586 have died and 1,849 are being treated.

The statement adds that 45 people in Hargeysa contracted the disease; 6 of these have died and 39 are being treated.

CSO: 5400/113

SAUDI PAPER COMMENT ON CHOLERA EPIDEMIC CITED

PM161601 London AL-SHARQ AL-AWSAT in Arabic 15 Apr 85 p 3

[Report by Khalid 'Abd al-Rahim al-Ma'ina and Wahib Muhammad Ghurab: "Increasing Fear in Somalia of Cholera Epidemic Spreading to Capital"]

[Excerpts] Mogadishu--There is increasing fear in Somalia that the setting out of a large number of refugees from Hergesa, where cholera has spread, to the Somali capital Mogadishu and certain provinces might lead to the epidemic reaching the capital.

The increasing fear is due to the fact that some of the refugees in infected camps who have left these camps in search of a better place could be disease carriers. Reports have spread in the capital to the effect that three cholera cases have been discovered, but such reports have so far remained unconfirmed.

Somali Government sources have categorically denied such reports, saying that this is no more than a rumor against Somalia and that the epidemic is still confined to the camps and has not spread.

The Somali health under secretary has told AL-SHARQ AL-AWSAT that the situation is still under control. However, well informed sources said that the reports about the disease spreading or reaching the capital are not confirmed or accurate, but they are being taken extremely seriously in view of the nature of the situation in Somalia, particularly in the infected areas where any individual feeling sick would head for the capital in search of treatment regardless of the efforts and difficulties this may cause him since he has to cover a distance of 1600 km on foot.

The sources say that Somalia's capabilities of dealing with the disease seem to be very modest, which makes anything likely to happen.

AL-SHARQ AL-AWSAT had an interview with Somali Health Under Secretary Muhammad Mahmud Muhammad regarding the measures the government has taken to combat the disease. He said: The situation today seems to be better, which means that our efforts to combat the epidemic have borne fruit. We have set up immunization centers on the borders with Ethiopia, a measure which did not exist before the epidemic has spread. In fact this measure has been dictated

by the present situation, since we learned that the rate of flow [of refugees] recently increased to 500 persons daily.

Mr Muhammad said that the epidemic has spread in (Gant) camp in the north-western province. The number of those infected has increased to 2,988 persons out of a camp population of 48,000 people, he added.

The health under secretary said that the number of deaths has reached 849 but there is no accurate information or figures about the number of people who have been treated. "But we have immunized all the camp inhabitants and inhabitants of the adjacent areas," he said.

The Somali official has appealed to the world countries and organizations to give aid to Somalia in order to be able to eliminate cholera completely. He added: Some people have sent token medical shipments but we need more. We are still waiting for promises of medical supplies to materialize.

The Somali official warned that delay in sending supplies could make his government unable to control the spread of disease among patients. The aid received so far could be enough to deal with the present situation but I do not think that it will be so if the epidemic spreads further, particularly since the flow of refugees is still large, he added.

CSO: 5400/125

GOVERNMENT MOBILIZES RESOURCES TO HALT CHOLERA

Mogadiscio HEEGAN in English 5 Apr 85 p 2

[Editorial]

[Text] Political persecutions and terrorist activities perpetuated by Ethiopian Armed forces, sheer neglect and total absence of social welfare services on the part of the present Ethiopian regime, compounded by a series of devastating droughts have accelerated the pace with which rural inhabitants were dislodged and forced to seek refuge in the nearest Somali townships. The current rate of refugee influx which reports to Somali relief centres lingers between 300 to 400 persons per day and it is expected to climb up in the future.

The Somali government has opened all doors for the unfortunate refugee population in the Horn of Africa. Short-term emergency relief aid is rushed to the new exodus on arrival by government efforts and later transferred to UNHCR camps where they are extended all avajlable assistance from world donor agencies and governments.

Despite the fact that the refugee problem weighs heavily on Somalia's already stretched economy, nevertheless, the Somali government has spared no efforts to accomadate and care for the incessant influx of refugees that invades Somali towns and disrupt life every where.

A recent press statement released by the Manager General of the National Commission for refugees, Jaalle Yusuf Abdi Shikhdon, reveals that cholera has broken out in the Northwestern refugee camps, claiming 430 lives, while 500 refugees were in serious condition and quarantined, on 31st of March. Gannet camp a collection point and an administrative center and saba'ad camp near Hargeisa, are said to be the starting points of the epidemic.

However, there is great fear that the disease might spread to other centres and township in the vicinity of the camps where the cholera first broke out, as the death toll persistently climbs in the camps of origin.

Subsequent reports from these camps state that more than two thousand cases of the disease was found as about 150 deaths are reported every day.

> "The matter will get out of hand unless fast and effective help is forthcoming immediately as malnutrition becomes rampant in refugee Camps, concluded the National Refugee Commission Statement.
>
> The Somali government has mobilized all available resources to contain and help arrest this devastating epidemic, but is in no position to cope this natural calamity by itself. Consequently, Somalia appeals to the World for emergency aid as the refugee problem reaches a new frightening peak.

CSO: 5400/127

SOMALIA

SEMINAR ON LEPROSY PREVENTION OPENS

Mogadiscio HEEGAN in English 12 Apr 85 p 2

[Text] Mogadjshu, Thursday The Permanent Secretary of the Ministry of Health, Jaalje Mohamed Mohamud Jelleh, has opened this week at the Ministry's Premjses, a 14-day seminar, for 28 medjcal workers of the leprosy preventjon programme, from varjous djstricts and regions of the country The symposium, js jointly organized by the Somalj Democratjc Republjc and the Worjd Health Organjzation (WHO).

The themes of the seminar will jnclude the best ways and means of prevention of the djsease and its djagnosjs and therapy.

Speaking to the partjcjpants, Jaalje Mohamed Said that this seminar would be the turning-pojnt jn the general effort to eradicate the djsease from our country «you have to sieze thjs opportunjty in acqujring the jatest medjcal techniques and knowledge», Jaalje Mohamed also thanked and prajsed all the jnternational bodies for thejr concrete contrjbution to the promotjon of publjc health and primary healjth care jn partjcular

Present on the occasion were the D.re.tor of L.P.P. Dr Adan Musa Ajab, the WHO Reyresentatjve jn Somajla Dr Amini, the Director Generaj of the Deparjment of Infectjous djseases and prominent experts form various world health bodies.

CSO: 5400/127

LATEST CHOLERA FIGURES ISSUED

Health Ministry Statement

EA131832 Mogadishu Domestic Service in Somali 1115 GMT 13 Apr 85

[Text] A statement by the Somali Ministry of Health released today on the killer disease, cholera, in the refugee camps in the northwest region and the Hargeysa town between 11-12 April says that on 11 April 1985 there were 36 new cases and 8 deaths in the town of Hargeysa, the (Gannet), (Dami), (Las Durre), and Tug Wajale refugee camps. On 12 April 1985 there were 69 new cholera cases and 14 deaths reported in these same areas.

The Somali Ministry of Health statement adds that the killer disease, cholera, is devastating almost all the areas along the so-called common borders, particularly the areas near Bukhale region. The statement added that the Abyssinian colonizers have not delivered any medicine or any form of aid to the dying people. The statement further added that in the Dagahabur the killer disease is ravaging the town and the death toll is increasing daily while the Abyssinian colonizers look on.

Relief Aid Urged

EA121526 Mogadishu Domestic Service in Somali 1400 GMT 11 Apr 85

[Text] Reliable reports from the refugees who have recently fled from the western Somali territory, colonized by the Abyssinian regime, say that the killer disease cholera continues to ravage the town of Dagahabur and the death toll continues to rise daily. The reports add that the disease has been detected in Harar and Dire Dawa and the Abyssinian government was concealing this from the world at large.

The refugees further confirmed that many of the new refugees who have fled to Somalia have done so to escape from the killer disease, since they know that they will not get medicine and food in the event of the disease spreading to their areas in the western Somali territories.

A statement by the Somali Democratic Republic [SDR] Ministry of Health last week revealed that the killer disease cholera continues to ravage the towns of Walwal, Warder, Dogob, Dudreb, Galadi and all the areas along the so-called common border between Somalia and Abyssinia and the Abyssinian regime has done nothing to stop it. Therefore, the SDR Ministry of Health once again urges international relief organizations and the governments of the world at large to rush humanitarian relief aid to those people who are perishing in the areas colonized by Abyssinia.

CSO: 5400/122

SOMALIA

PRC TO GRANT ADDITIONAL AID OF VACCINES, GRAIN

EA261056 Nairobi Domestic Service in English 0400 GMT 26 Apr 85

[Text] China will grant an additional 3,000 tons of grain and [illegible] to Somalia to feed the refugees [illegible] a cholera epidemic. China will provide Somalia [illegible] grain relief this year. The [illegible] people from the widespread [illegible] especially around Hargeisa, the largest city in the north. [illegible] about 7,000 people [illegible] Ethiopian refugees have died of the disease since its outbreak last month. The Somali Government is making appeals [illegible] to provide emergency aid to the [illegible]

CSO: 5400/131

SOMALIA

BRIEFS

NEW CASES OF CHOLERA--A statement by the Somali Democratic Republic Ministry of Health today said that between 30 April and 1 May, 82 new cholera cases were diagnosed in the refugee camps in the outskirts of Hargeisa and the northwestern region. The statement adds that 13 persons died in the same area during the 2 days. The SDR Ministry of Health statement said that ministry officials, local people and representatives of international relief organizations continue to fight the killer disease in all the refugee camps in the northwestern region and the Hargeisa town area. [Text] [Mogadishu Domestic Service in Somali 1850 GMT 2 May 85 EA]

CHOLERA FIGURES--A statement from the Somali Ministry of Health today on the killer disease, cholera, says that 68 new cholera cases were detected as of yesterday in the refugee camps in the northwest region and that 13 people have died. The statement added that as of yesterday the number of people under quarantine totals 1,590. The report further says that new arrivals of refugees already affected by the killer disease, cholera, have been reported at many reception centers along the so-called common border between Somalia and Abyssinia. [Text] [Mogadishu Domestic Service in Somali 1400 GMT 10 Apr 85]

CSO: 5400/120

JPRS-TTA-85-009
29 May 1985

SOVIET PAPER CLAIMS SA-ISRAEL DEVELOPING 'KILLER VIRUS'

Johannesburg SUNDAY TIMES in English 7 Apr 85 p 8

[Article by Charmain Naidoo]

[Text]

THE RUSSIANS will believe anything — even, and perhaps especially, when it's fiction dressed up as fact.

That the Kremlin believes it can fool all the people all the time is borne out by a recent claim that South Africa is co-operating in a scheme to develop a "blacks only killer chemical".

The claim appears to have been lifted directly from a novel by South African author Dr Jack van Niftrik.

He says the report in a Soviet daily, Selskaya Zhizn (Rural Life), reads like a chapter from a novel he wrote in 1981.

The newspaper alleged that Israel and South Africa were allies — working together on the development of a deadly "blacks only" chemical.

South African Defence Force spokesman Brigadier Kobus Bosman just laughed when the allegation was put to him.

"This sort of propaganda is aimed not at thinking people but at the proletariat — and the frightening thing is that it might even be believed," he said.

The plot of Dr van Niftrik's book, "Where Rumour Never Reaches", revolved around a killer virus that affected only blacks.

Said a bemused Dr van Niftrik: "At least it shows the Russians have read my book.

Ridiculous

"It could easily be that some mischievous person who has communist affiliations or who's interested in undermining South Africa got hold of a copy and presented it to the newspaper as fact.

"The whole thing is quite ridiculous."

The story in the Soviet daily read: "Their (South Africa and Israel) joint effort to develop biological (ethnic) weapons meant to kill only blacks is the most striking and inconceivably gruesome embodiment of the racist international co-operation between Tel Aviv and Pretoria."

It alleged a special genetic research committee had been set up in South Africa that maintained close contacts with similar centres in Israel and whose prime task was military research.

A top-secret laboratory in the Transvaal was producing "selective-action deadly germs".

"The viruses bred there have already been tested on political prisoners, including Africans and Arabs, under an Israeli-South African joint programme," the newspaper said.

They were also producing nerve gases that had been used against Namibians, and co-operation in nuclear weapons projects "for the wholesale extermination of undocile Middle Eastern and African nations" was growing, it alleged.

Fictional

Dr van Niftrik said: "The plot of my book — which I stress was purely fictional — involved a group of far right-wing politicians who were disgruntled with the liberal element creeping into the government.

"The group had heard of a virus developed, ironically, by the Russians in the process of virological research which could wipe out the black population."

In the book, the right-wing group imports the virus and lets it loose in Natal where hundreds of blacks and coloureds begin to die as a result.

The disturbing fact revealed by Dr van Niftrik this week was that the concept espoused in his book is a feasible one.

"I've done a lot of research in this field and the concept is viable. It is accepted as medical fact that you can isolate viruses to attack specific racial or ethnic groups," he said.

"An example is the 'flu virus which Europeans have lived with for centuries.

"When it was introduced into the Eskimo population they died because they did not have the antibodies to fight the virus."

But Dr van Niftrik dismissed the Russian claim as "nonsense".

"I say this is ridiculous because I know that this is not happening in South Africa," he said. "As far as I'm concerned, no doctor would associate himself or herself with such a scheme."

CSO: 5400/131

SOUTH AFRICA

DRUG-RESISTANT STRAIN OF MALARIA ARRIVES

Johannesburg THE STAR in English 10 Apr 85 p 13

[Article by Susan Pleming]

[Text]

A drug-resistant strain of malaria has reached South Africa after being first seen in South America and Southeast Asia in the early 1960s and in East Africa in the late 1970s.
Since January three cases have been treated in Johannesburg hospitals.
One person caught the disease in Venda; he was the first known patient in South Africa.
Last year this drug-resistant strain killed a 20-year-old South African soldier who caught the disease in Namibia.
Countries affected by the strain include Malawi, Tanzania, Zambia, Kenya, Mozambique, Zimbabwe and Angola.
Doctors throughout the world view the spread of the Southeast Asian strain as a major health hazard.
Each year two million people die from malaria.
Estimates suggest there are more than 350 million malaria cases a year.
Usually patients die from the disease because they have not taken preventive drugs.
When malaria such as the drug-resistant strain enters a country for the first time it could go unrecognised.
And that could lead to complications, said Professor Margaretha Isaacson of the South African Institute of Medical Research and Wits University.

She added that doctors should not stop prescribing chloroquine-containing drugs as a preventive measure against malaria to people visiting malaria areas in South Africa.

"If malaria patients have reliably taken chloroquine," she went on, "then doctors will recognise that they have a strain which is not responsive to the drug."

Drug-resistant malaria is transmitted by the same anopheles mosquito as other strains.

Professor Isaacson said there were several drugs, such as quinine used for patients with cerebral malaria, to which a patient could respond.

Malaria, which can generally be cured by drugs, can kill a person within a week if undiagnosed.
Patients could develop the cerebral form, which often leads to coma and death irrespective of whether the strain is resistant or sensitive to chloroquine.
Professor Isaacson said anyone who had visited a malaria area and developed flu-like symptoms must contact a doctor immediately even if they had taken preventive drugs.
It is imperative that tablets be taken as specified because it may take several weeks after a mosquito bite before the malaria parasites are shed into the bloodstream.
Only then can the usual preventive drugs kill them.
Initial symptoms are fever, hot and cold shivers and headache which may be followed by mental confusion.

CSO: 5400/133

SOUTH AFRICA

ISOLATION FOR FIVE AFTER CONTACT WITH CONGO SUSPECT

Johannesburg THE CITIZEN in English 19 Apr 85 p 12

[Text]

FOUR Provincial hospital nurses and a domestic worker have been placed in isolation after being involved in the treatment of a Port Elizabeth man suspected of having Congo fever.

A hospital spokesman said yesterday they would stay in isolation until released by the doctor in charge of the patient. They were all well.

On Monday, the Kabega Park man was placed in isolation when it was feared he had the disease. There were certain similarities to Congo fever in his symptoms, but initial tests proved negative.

Further blood samples from the sick man are to be sent to the Institute of Virology in Johannesburg.

The spokesman said the patient's condition was "slightly improved."

Precaution

The Regional Director of the Department of Health, Dr J D Krynauw, said because of similarities to the fever in the man's condition, the "necessary precautionary measures" had been taken.

Contacts of the man were being closely monitored, he said.

Meanwhile Congo fever suspect Miss Ruth Ngcobo (23) is showing signs of improvement in the intensive care ward at Grey's Hospital, Pietermaritzburg.

Miss Ngcobo, from the Dalton area of Natal, was admitted to the hospital on Tuesday showing all the symptoms of Congo fever — severe headaches, backaches and frequent vomiting.

A doctor at the hospital who treated her yesterday said that she showed signs of responding to treatment. At this stage she was responding to anti-biotic treatment which indicated that she may not have the viral disease.

Close watch

The doctor said that a close watch is being kept on her by about 26 nurses and that it appeared at lunch time yesterday that she may not have the viral disease.

The doctor said that all people who have been in contact with her have been isolated.

Dr Murray Short, senior medical officer for KwaZulu, said yesterday that 43 people who had been in contact with Mr Vincent Nghalane, a 30-year-old construction worker from Pietermaritzburg who died of Congo fever, had shown no symptoms of the disease after being kept in observation since last Friday.

Mr Nghalane died of the disease in the Edenvale Hospital about 16 days ago and was buried at the weekend about 6 km from the hospital.

CSO: 5400/124

BRIEFS

MALARIA INCIDENCE 'HIGH'--Harare--Heavy rains and unrest this year are blamed for an unspecified number of malaria deaths in Zimbabwe's Matabeleland province. Provincial medical director Dr Gordon Bango was quoted in yesterday's Zimbabwe herald as saying there was an unusually high malaria incidence this summer, due partly to heavy mosquitoes, and partly to the "difficult" security situation which, he said, had prevented spraying teams from destroying the mosquitoes in the rural areas. The worst affected areas were north of Bulawayo. [Text] [Johannesburg THE CITIZEN in English 25 Apr 85 p 13]

RAINS BRING MOSQUITOES--Copious rains in the whole lowveld in the past season will mean a bumper crop of babies of all sorts in the Kurger National Park--including mosquitoes, according to the Warden of the Park, Dr Tol Pienaar. Dr Pienaar said yesterday the rains had not only benefited veld and wild life, but also the mosquito populations in the lowveld as a whole. However, he said, visitors of the Kruger Park need not fear contracting malaria. "irrespective of rainfall, the national parks board takes continuous action to eliminate the possibility of someone in the park catching malaria. When there has been good rainfall, as this year, extra spraying of possible mosquito breeding places and rest camps is done. The most effective way to combat malaria is to ensure that the carriers are kept to a minimum," he said. Every staff member in the park regularly took anti-malaria tablets and visitors, when they made their reservations, were also advised to take tablets. They were reminded of this when entering the park and there were many notices in rest camps jogging their memories. Experience had taught that mosquito populations increased every year shortly before the start of winter, then to be decreased by the cold. [Text] [Johannesburg THE CITIZEN in English 24 Apr 85 p 13]

CONGO FEVER DEATH DISCOUNTED--Durban--It was almost certain that 23-year-old Miss Ruth Joyce Ngcobo, of Dalton, Natal, had died from leukemia, and not Congo fever as first suspected the medical superintendant at Grey's Hospital, Pietersmaritzburg, Dr Peter Lowe, said last night. He said intensive tests carried out by the Institute of Virology in Johannesburg into her death showed that she died from an infectious disease brought about by bacteria. She died in the intensive care unit at Grey's Hospital on Sunday. As far as could be ascertained she had not been in contact with anybody during the infectious period, he said. Meanwhile, Mr Dumisi Shozi (18), of the Amanzimtoti district, Natal, who was admitted to the King Edward VIII Hospital, Durban, on Friday, suspected of having Congo fever, is responding to treatment. [Text] [Johannesburg THE CITIZEN in English 24 Apr 85 p 3]

CSO: 5400/131

CONGO FEVER SYMPTOMS--Durban--A Natal South Coast youth, who is strongly suspected of having Congo fever, has been admitted to a Durban hospital in a critical condition. Mr Bonisani Shezi (18), from Kwamakhutha in KwaZulu, was brought to King Edward VIII Hospital yesterday with all the symptoms. He was bleeding from the gums and mouth. Chief Medical Superintendent, Dr Justin Nicolopoulos, confirmed today that the case was being treated as though it was Congo fever, although it had not been confirmed yet. "He was isolated soon after he was examined and we have managed to find a separate room with a bathroom for him." The director of Hospital Services, Dr Neville Howes said that in this particular case it was better for the patient to remain at King Edward. "Every hospital has been given a contingency plan to work on and had been instructed to allocate isolation facilities in the case of a Congo fever case," Dr Howes said.--Sapa. [Text] [Johannesburg THE CITIZEN in English 20 Apr 85 p 10]

CSO: 3400/124

SWEDEN

NUMBER OF AIDS CASES DOUBLES EVERY SEVEN MONTHS

Stockholm DAGENS NYHETER in Swedish 14 Apr 85 p 7

[Article by Karen Soderberg: "Aids Epidemic Doubles Every Sixth Month in Sweden"]

> [Text] Sweden has just had its 22nd case of aids, 10 have died and the epidemic is spreading rapidly. The number of sick doubles every sixth to eighth month. About 300 are now being checked for mild symptoms of HTLV-III infection, the virus which causes aids. About 3,000 have antibodies against the virus in the blood and are considered disease carriers.

Six months ago, as far as was known, HTLV-III virus was found in only two groups in Sweden, in homosexual and bisexual men and in hemophiliacs.

Today it is found also in addicts who inject drugs and in female prostitutes.

That means that new large groups are now risking coming in contact with the illness.

Aids is the most serious form of HTLV-III infection, and it means that the body's immune defenses are broken down. Illnesses that healthy people can resist become life threatening. Pneumonia and a malignant form of the otherwise mild tumor disease Kaposis sarcoma are common with people who have aids. Of those who have aids, four out of five die within two years.

No Medicine

There is no vaccine yet, and nobody can promise that one can be made. Nor is there any medicine which will cure the basic sickness, meaning the destruction of the immune defenses.

HTLV-III virus infects through blood and sexual contact. Sexual practice with many partners contributes to the spreading.

In the United States the illness now exists among heterosexuals who are neither hemophiliacs nor drug users. There about 8,000 have got aids, and about half of them have died. It is estimated that 80,000 people have milder symptoms and 800,000 have antibodies. But some scientists claim that figure is entirely too low, and that the estimate should be 2 million infected.

That a person has antibodies against HTLV-III does not mean that he or she will not become sick with aids. Barely 1 of 10 with antibodies is believed to develop the illness.

Infection can mean anything from no symptoms at all to a life-threatening illness. It is not possible--at least not yet--to anticipate in whom the illness is going to break out. Neither is it known whether all those who have the disease also transmit it. Nor if he or she in such cases transmit it all of their lives, or just for a short time. At present, all those who have antibodies against the disease are considered infectious carriers.

In Stockholm antibodies were found in about 27 or 100 who visited Venhalsan (a clinic at Soder Hospital which offers health examinations for homosexual and bisexual men).

The first confirmed aids case appeared in the United States in 1978, but the virus was found in Central Africa long before that. It is believed that sometime in the 60's or the 70's it changed and became more aggressive, which is not unusual for a virus to do.

In Africa today there is a large epidemic, probably with several million infected, just as many women as men.

Children Die

Women with HTLV-III infection can transmit the disease to infants while in the womb or during birth, and the infants die before they are 1 year old.

The HTLV-III virus is believed to have reached the United States by at least two routes, and from there to Europe:

When the Belgian Congo became Zaire, Haitians came as advisors and skilled workmen to the country. Most gradually returned home, and some carried the virus. Haiti has been the Mallorca of East Coast America, and vacationing tourists brought the virus to homosexual groups in New York.

The other route is through the international blood trade. Plasma drawn in Africa was sold in the United States, which makes most of the blood preparation needed by hemophiliacs to enable them to live a fairly normal life.

In order to produce a single dose of such a blood preparation, blood from about 600 donors is mixed. Many hemophiliacs must have a couple of doses per week, and the risk of coming into contact with infected blood is great.

Sweden is not, unlike Finland, self-sufficient with blood. Today over 80 percent, or four out of five hemophiliacs in Sweden have received the American blood preparation, and also antibodies against the HTLV-III virus. An 11-year-old boy has become ill with aids.

An English nurse who stuck herself with an injection needle and managed to inject infected blood has antibodies, but other than that there are no reports of medical personnel being infected.

Drug addicts spread the infection when they share needles with one another. Minister of Health Gertrud Sigurdsen has received a recommendation that she introduce the same regulations here as in Finland, where injection needles and drainage tubes [cannulae] are sold by pharmacists.

Today about 90 percent of New York's drug addicts are infected with HTLV-III. It is estimated that the corresponding figure in Stockholm just now is 15 per cent, or about one in seven.

Blood and Sperm

Among homosexuals the virus is spread primarily through sexual contact. The virus is found in blood and sperm, and is transmitted through ruptured mucous membranes to blood vessels.

The virus does not infect through normal social contact, nor via the air, nor when one embraces or shakes the hand of an infected person. Nor when one uses the same toilet.

But dentists, for example, who can easily come in contact with a patient's blood, should use a face mask, gloves and eye protection on the job to avoid blood infection.

So far almost everything that has been done to spread information about the disease and to prevent its spreading has been done by volunteer efforts.

One example is Venhalsan, which was begun in 1982 at Soder Hospital by idealistic working people. And in January 1983 the RFSL [National Society for Sexual Equality], on the advice of the doctors at Venhalsan, came out with a recommendation to homosexual and bisexual men not to give blood. But despite the fact that it is known that non-Swedish speaking persons infected with HTLV-III have given blood one or more times, the blood centrals still do not have information material in all languages which are spoken in Sweden.

Blood from Swedish blood centrals is not tested, but a method of verifying that blood is free of antibodies will soon be available.

Balance

American blood preparation has been heat treated for a couple of years to kill any possible HTLV-III virus. KabiVitrum, the Swedish manufacturer of

blood preparation, first introduced the method a couple of months ago.

Now that the epidemic is spreading the doctors are seeking a balance between the risk of causing unwarranted fear and the need to inform, so that the disease can be limited.

In today's situation the groups at risk are the hemophiliacs who have received foreign blood preparation and possibly their sex partners, drug addicts who use injections, those who have had sexual relations with homosexual or bisexual men or who have visited prostitutes at any time during the 1980's.

Lives In Agony and Hopes to Survive

"Formerly teenaged boys shouted homosexual devil. Now they shout aids homosexual. It is the new invective, the plague of our time..."

He is thirty-some years old, and works in the economic section of a major firm in Stockholm.

Several months ago he learned that he has HTLV-III antibodies, the virus which causes aids.

He says the world did not stop turning and he did not burst into tears when he received the news.

"It was really only a confirmation. I got the shock earlier when the man with whom I had lived for a long time said that he was infected. But then I thought about him, not about what it meant for me.

"My lymph glands were swollen, and I quickly got an appointment with a doctor."

The tests were completed a couple of days before Christmas. The Christmas trip home to visit Mother was moved up a day.

"I told Mother that the doctor was not exactly satisfied with a test. But it is not so easy to deceive mothers..."

When Christmas was past and nothing was said she asked "if it had something to do with that disease." He had not been able to tell her.

"I wanted to spare her the agony."

The Agony Gnaws

He knows how the agony feels. He lives with it.

"It lies there and gnaws. And sometimes it jumps up and claws you.

"The questions keep repeating: Will I survive? Will they find a treatment which will help us who are infected? Or are they concentrating all the research on a vaccine which will stop the spreading? Are we just the objects of research, a group which in the worst case will be sacrificed?"

Antibodies do not mean aids, only the risk of aids. Possibly perhaps the disease will break out. Most never become sick, but of those who do only one of five are alive after 3 years.

Comrades Know

He has only spoken about the disease with his mother and a couple of close friends, but he has never made a secret of his homosexuality. His work comrades, for example, know.

He grew up in a little community where football was everything. An only child, feeble and often sick, he remained outside of the men's world from the beginning. At age 12 or 13 he knew he was homosexual.

His mother understood in wordless sympathy. When he gradually came home with boyfriends they lived together in his old room. It was when he reached 40 that he and his mother spoke openly with each other. By then his father had died, without wanting to know.

He was one who always wanted to know. He pressed the doctors for information about the disease.

"When I learned that I was infected I made an appointment for a number of tests a couple of weeks later. That period was making me crazy. I wanted all the information there was, and I wanted it immediately."

Healthier Life

Just now he feels better than in a long time. He has intensified his daily life and tries to live a healthier life, sleeping through the nights and being careful with his diet, "which can't hurt, in any case."

And he lives without sex.

"There are doctors who say that one can possibly have sexual relations with other infected persons, but I am not taking the risk of getting more virus. That could be all it takes to destroy my immune defenses and push me over the edge so the disease could break out."

Will you live the rest of your life without sex?

"Yes," he said, "one quite simply chooses to do without it. In spite of everything sex is a trifle when it is a question of survival."

It happens that he meets men in whom he is interested. "Lost possibilities," he says with a little laugh. Falling in love is friendship and comradeship. If it goes over to ardent affection perhaps it is worth the risk of being infected? He does not know, but he is thinking about it.

Alone

"Just now the disease is creating so much agony among homosexuals that whether one is infected or not has become a kind of 'first question.' The attitude toward occasional contacts has changed. More and more live in fixed relationships or alone."

Fear of aids has contributed, he believes, but the sexual liberation of the 60's has been replaced by family ideal in the rest of society of the 80's.

He supports the active homosexuals' demand to be able to legalize their relationships, create some kind of a family, have children. He also wants social contacts with women and heterosexual men. He does not approve of women haters and isolationists.

"Just now homosexuals are more alone than ever. Lesbians, with whom we have had contacts, are drawing away. Some also believe that we can take care of our aids problems ourselves."

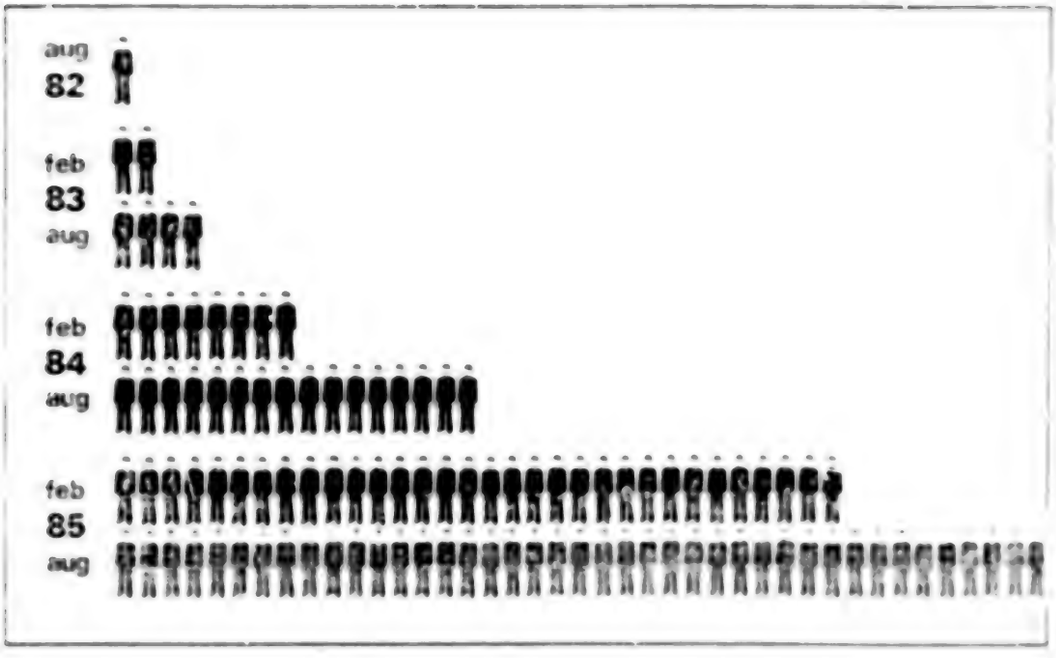
'Don't Care About Us'

"The RFSL has been able to say and have stuff on the sexual culture board. The County Council does not concern itself. The politicians don't care about us and there is a general attitude that aids only strikes promiscuous types who hang around bath house clubs.

"The disease leads to isolation and rejection in a situation where it is needs people more than ever. One does not want primarily to be consoled or lyited to a tavern to treat. One needs friends who understand what has happened and can manage to talk about it."

In a couple of days he will get a new report on the condition of his immune defenses. Tests are taken about every three months.

"I have become a bit of a hypochondriac. Every ailment causes concern: is the disease breaking out? Is this the end?"



Caption: The number of aids victims doubles ry sixth to eighth month. and the epidemic is now spreading rapidly. Of ose who get the disease, four out of five die within 2 years.

9/87
CSU 5400/2534

TANZANIA

BRIEFS

CHOLERA DEATH STATISTICS GIVEN--Dar es Salaam--A total of 122 out of 836 cholera patients died in Tanzania in the first 2 monghs of this year. The Tanzania news agency, SHIHATA, quoted a Ministry of Health official as saying that the worst hit regions were Mara and Shinyanga where a total of 55 out of 180 people who contracted the disease have died. The spokesman added that 338 out of 2,000 people died of cholera in the country last year, while 205 out of more than 2,400 people who contracted the disease died in 1983. [Text] [Dar es Salaam Domestic Service in Swahili 1700 GMT 8 May 85 EA]

CSO: 5400/134

VD TREATMENT COSTS REPORTED

Bangkok BANGKOK POST in English 3 Mar 85 p 3

[Article by Ampa Santimatanedol]

[Text] MEDICAL experts have expressed concern over a rapid rise in venereal disease cases in Thailand, which they say are costing at least 7,000 million baht in medical expenses each year.

The alarm was raised during a recent seminar on sexually transmitted diseases attended by 70 experts from leading hospitals and medical institutions in the country.

The experts also warned against the practice of self-treatment by some VD patients, saying it could lead to resistance to medication.

Dr Amnuey Traisupa, director of the Public Health's Venereal Diseases Division, said there were more than 340,000 confirmed VD cases last year, which represented about 43 per cent of 800,000 people who underwent tests at VD centres and government-run hospitals nationwide. He added that the number of people receiving check-ups showed an increase of more than 320,000 from the previous year.

However, he said, the actual number of VD patients could be as high as 450,000 if those who were treated at private clinics or treated themselves were taken into account.

Dr Amnuey said more than half of these confirmed cases had gonorrhoea. Other venereal diseases found in the patients were non-specific urethritis (21%) and chancroid (3%).

Low-income workers and prostitutes made up nearly half of the estimated 320,000 VD patients in the country. Other patients were government officials (17%), farmers (10%), housewives (17%) and businessmen (5%). Most patients were between 20 and 24 years old.

As many as 37 per cent of VD patients treated by government-run clinics were found to have developed resistance to medication, said Dr Amnuey. The number was believed to be rising too, he added.

Dr Niwat Polnikorn of Ramathibodi Hospital estimated that about 3,000 VD patients were treated at the hospital's VD clinic every year. The male-female ratio of VD patients at Ramathibodi Hospital was six to one, he said.

The doctor said it cost about 550 baht to treat a VD patient, who on the average had to pay about 260 baht from his own pocket, while the balance had to be shouldered by the Government.

Dr Niwat estimated that the total cost of VD treatment was around 7,000 million baht a year.

The doctor said that the number of VD patients was rising steadily from 186 cases in a population of 100,000 to 683 in every 100,000 in 1981.

The diseases' resistance to drugs as a result of self-treatment had also contributed to the spread of VD, Dr Niwat said.

He noted that there was a lack of coordination among hospitals and agencies in charge of diseases prevention and control while research on diseases prevention had not received sufficient support.

Besides, many doctors were not qualified to treat VD because they were insufficiently trained and because medical establishments tended to overlook the problem, said Dr Niwat.

Dr Somnuk Vibulsek of the Defence Ministry's Medical Department said that more tolerant social attitudes had contributed to the rise in VD cases among young people.

He shared Dr Niwat's view that many doctors were not qualified to treat VDs due to inadequate training.

He also expressed concern about the increase in syphilis cases, saying that the disease was far more serious than other types of VD as it could be fatal.

Dr Wiwat Rojanapitthayakorn of the Communicable Disease Control Department said prostitutes were chief VD carriers and suggested that they have regular medical checkups to help prevent the spread of the disease.

He said a survey of VD patients showed that 65 per cent of male patients had had intercourse with prostitutes while 13 per cent of women patients contracted the disease from their husbands.

Dr Wiwat added that 99 per cent of male patients got the disease from prostitutes.

CSO: 5400/4388

TRINIDAD AND TOBAGO

MINISTRY OF HEALTH OPENS MULTIPLE IMMUNIZATION DRIVE

Port-of-Spain TRINIDAD GUARDIAN in English 29 Apr 85 p 14

[Text] The Ministry of Health is working towards having 80 per cent of all children under one year immunised against polio, German measles, yellow fever and other diseases by the end of the year.

In 1983, the ministry achieved about 60 per cent coverage, and last year 65 per cent. However, these figures do not include immunisations done by private practitioners.

Principal Medical Officer of Community Services in the Ministry of Health, Dr. Glenda Maynard, said that the ministry always has a ready supply of vaccines and had launched a campaign to include the community services in the immunisation programme.

According to Dr. Maynard, this is one of the ways to reach the population and have community health services cater to the specific requirements of residents. For example, she explained, the public health service at the ministry is open from 8 a.m. to 4 p.m. and these hours are not convenient for working parents.

One of the problems encountered in the immunisation schedule, she said, was the time lapse between the first and second dose.

"There is always a drop-off rate between the first and second dose of DPT and Polio. Surveys have shown that the parent does not bring the child in for the second dose because the child is ill with a cold or fever."

This practice, she pointed out, increases the risk of catching the disease. One of these which has been underplayed, she said, is measles which has led to low coverage against this disease.

But, she stressed, measles can lead to complications which include pneumonia and encephalitis which is inflammation of the brain. This in some instances causes brain damage. She said:

"Measles is not a mild disease. It causes serious damage in a child who is malnourished. We have to be very careful, especially in these recessionary times and although vegetables may be inexpensive now, the effects of the recession can have a long-term effect."

In a report Dr. Maynard recently delivered, she pointed out that Trinidad and Tobago is still faced with epidemics of measles and German measles. In 1984 there were 3,556 reported cases of measles and 2,392 in 1983. In that year also, there were 531 cases of German measles and 170 in 1984. There has been no poliomyelitis case since the 1972 outbreak.

As one of the strategies of achieving health for all by the year 2000, the countries have a target that all children be immunised against major infectious diseases of childhood.

The World Health Organisation in its Expanded Programme on Immunisation places emphasis (on six diseases: diphtheria, pertussis (whooping cough), tetanus, poliomyelitis, measles and tuberculosis.

Fortunately there have been no cases of polio in Trinidad since the 1972 outbreak.

CSO: 5440/065

UNITED KINGDOM

DEATHS RISE IN FLU EPIDEMIC; IDENTITY OF VIRUS STUDIED

Staffordshire Situation

London THE DAILY TELEGRAPH in English 30 Apr 85 p 1

[Article by Graham Jones]

[Text] Nine people were "poorly" in hospital last night in an influenza outbreak which has already caused 16 deaths in Staffordshire. In addition to the nine, 58 people were being treated in three hospitals.

Most of those seriously affected were elderly but the youngest to die was 45 and the youngest under treatment is 37.

Dr John Scully, District Medical Officer, said all the cases had arisen in parts of Stafford and Cannock. Although none had been affected in hospital urgent measures were being implemented to try to isolate those involved.

Dr Scully added that there had been a "small explosive outbreak" of a virulent form of an influenza virus thought to be influenza B. "Once the lungs start to get involved the patients' condition can deteriorate very rapidly".

Plea to Visitors

Urgent cases only were being admitted to Stafford District Hospital yesterday and visitors were urged to stay away. In many cases nurses postponed holidays to treat the victims.

The other hospitals where patients are being treated are Kingsmead Hospital for the elderly, where the latest five deaths were reported, and Stafford General Infirmary, which is being used for those recovering from the virus.

Increase in Fatalities

London THE DAILY TELEGRAPH in English 1 May 85 p 1

[Text] The death toll in the Staffordshire influenza outbreak rose to 20 yesterday as two doctors from the Public Health Laboratories at Colindale, northwest London, were called in to try to identify the virus responsible.

Mr William Cash, Tory MP for Stafford, met ministers to ensure that all steps were being taken to prevent the outbreak extending through the West Midlands and elsewhere.

At present the influenza, believed to be a form of the "B" strain, is confined to an area covehed Staffo:d by Stone, Rugeley and Cannock.

About 98 victims have been admitted to three hospitals.

The Mid-Staffordshire Area Health Authority's control of infections committee met last night to review the situation. Most of the victims have been elderly.

CSO: 5440/064

VIETNAM

MINISTER OF PUBLIC HEALTH SPEECH AT NATIONAL SCIENCE AND EDUCATION CONFERENCE

Hanoi SUC KHOE in Vietnamese 5 Jan and 5 Feb 85

[Report by Minister of Public Health Dang Hoi Xuan at the National Science, Education Conference, 26 November 1984-1 December 1984: "Some Proposals Aimed at Strengthening the Leadership of the Party Committees in Public Health Work"]

[5 January 1985, pp 3, 15]

[Text] Dear Le Quang Dao, Party Central Committee secretary and head of the Department of Science and Education of the Central Committee, and Vo Nguyen Giap, member of the Party Central Committee and vice chairman of the Council of Ministers;

Dear members of the Party Central Committee and heads of the science and education sectors on the central level;

Dear representatives of the provincial, municipal and special zone party committees of the entire country;

Dear comrades,

On behalf of the Ministry of Public Health, allow me to extend a warm welcome to the delegates of the provincial, municipal and special zone party committees. I have been given the assignment by the Department of Science and Education of the Party Central Committee of reporting to you on a number of problems in public health work.

Our party has always been concerned with public health work. The resolution of the 5th National Congress of the Party pointed out the following concerning public health work: on the basis of utilizing the tremendous forces of the people and the capabilities of the localities and all related sectors, we must make appropriate investments in protecting and gradually cleaning up the environment, improve the quality and effectiveness of the efforts to prevent and control epidemics,to prevent and control social diseases and organize medical examinations and treatment better. We must continue to use and develop folk medicine and more effectively combine folk medicine with modern medical science. We must strengthen and develop the public health network,

especially the public health line on the basic level and the line on the district, precinct and ward level. One pressing task we face is the need to develop every existing domestic capability so that we can successfully establish sources of pharmaceuticals, take positive steps to build the pharmaceutical industry and produce public health equipment and create all of the conditions needed to quickly alleviate the shortage of medicine, which includes exporting goods in order to import medicine." The congress also stressed the need to "continue promoting the planned parenthood campaign."

In recent years, we have encountered very many difficulties in public health work: the aftermath of the war, which has yet to be completely overcome, has adversely affected the health situation; the many difficulties facing the economy prevent us from making appropriate investments in public health work; and we must constantly deal with the wide-ranging war of sabotage being waged by the Beijing expansionists and hegemonists in collaboration with the U.S. imperialists and other international reactionaries. Despite these problems and as a result of the leadership provided by the various party committees, from the central to the local and basic levels, and their determination to implement the resolution of the 5th Party Congress, public health work has been maintained and developed and noteworthy achievements have been recorded in a number of fields. On 2 April 1984, the Council of Ministers issued Resolution number 55-HDBT on "public health work in the immediate future." This resolution evaluated the strengths and weaknesses of public health work in the recent past and set forth guidelines, tasks, targets, policies and measures designed to insure the continued effective implementation of the resolution of the 5th Party Congress. The Ministry of Public Health issued detailed instructions to the localities concerning the implementation of this resolution and is now initiating the various jobs that must be performed for the resolution to be implemented. Recently, the Council of State also heard a report from the Ministry of Public Health and issued important supplementary instructions. At this conference, in order to assist the various party committee echelons in gaining a better understanding and providing better leadership of public health work with a view toward insuring the successful implementation of the resolution of the party congress, the resolution of the party plenum and resolution number 55-HDBT of the Council of Ministers, we will discuss and shed additional light on the following several matters:

1. The current health situation of the people;

2. A number of matters concerning the socialist approach to public health;

3. Some preliminary thoughts on the guidelines for public health work in the years ahead;

4. A number of proposals.

I. The Current Health Situation of Our People

The current health situation of our people reflects the characteristic features of a socialist country that is one of the developing countries, a country that has been facing the serious consequences of a long war and the vestiges of colonialism, both old and new. These characteristic features are:

1. The most common diseases found among our people continue to be mainly bacterial diseases:

According to data compiled through basic investigations, 24.42 percent of the population is afflicted with bacterial or parasitic diseases, such as dysentery, malaria and so forth (thus making this the group of diseases that has the highest morbidity rate). Respiratory diseases, such as inflammation of the throat, pneumonia, asthma and so forth, afflict 16.9 percent of the population and are the second most common diseases. Fecal examinations have revealed that 92.5 percent of the persons tested have worms; in children, this rate is 95.9 percent.

At medical treatment facilities, patients afflicted with bacterial or parasitic diseases are the most numerous, accounting for anywhere from 20.8 to 22.3 percent of the patients arriving for examination and treatment. The second must common diseases are respiratory diseases, which account for 15.2 to 17.8 percent of the patient load. Intestinal tract disorders are the third most common ailments, accounting for 10.3 to 12 percent. Among children, bacterial and respiratory disease morbidity is much higher: 33.2 to 35.9 percent for bacterial diseases and 27 to 29.3 percent for respiratory illnesses.

To date, we have only succeeded in wiping out smallpox. The other epidemics and communicable diseases have yet to be brought under control and the morbidity and mortality rates associated with these diseases remain high. Epidemics have broken out in every year since 1980. These epidemics have varied from minor to major in scope depending upon the nature of each disease and the preventive measures taken by our cadres and people, such as the maintenance of good hygiene, vaccinations, close observation of the spread of an epidemic, etc. More often than not, epidemics start in the provinces of the Mekong Delta, the Central Highlands, Eastern Nam Bo and southern Trung Bo and then spread by human contact to the other provinces. Plague generally breaks out in the provinces of Eastern Nam Bo, the Mekong Delta and Ho Chi Minh City. In 1983, hemorrhagic fever spread to many provinces and municipalities. Deserving of more concern is the rise in the malaria morbidity rate. The percentage of the population afflicted with malaria is high, especially in the provinces along the Vietnam-Laos border, the Central Highlands, central Trung Bo and the northern border provinces. DDT resistant mosquitoes, drug resistant parasites and an unstable public health network on the basic level are posing many difficulties to efforts to prevent and control malaria.

According to basic investigations, cardio-vascular diseases and cancers, although not widespread, have been increasing in recent years. This is proof that the pattern of disease associated with the developing countries has begun to appear in our country.

There are many reasons why epidemics, why bacterial, viral and parasitic diseases have not been brought under control. However, the main reason is that the environment is still being very seriously polluted. The transportation and use of human wastes in agriculture in the North and the cultivation of fish in the South are still unsanitary. There is still a

serious shortage of clean water for supply to the people, especially at many places in the mountains and the Mekong Delta. Waste water exceeds the capacity of drainage systems. Garbage is not being handled well in the cities. The populations of disease carrying pests, such as flies, mosquitoes, rats and fleas, have reached dangerous levels. In addition, the habits of drinking untreated water, eating uncooked food, sleeping without mosquito netting and so forth are still widespread at many places, especially in the Mekong Delta and a number of mountain provinces, thereby creating favorable conditions for intestinal tract diseases and malaria to break out and develop into major epidemics.

Many social diseases are still rather widespread. Tuberculosis continues to be a matter of major concern, with a morbidity rate of roughly 1 percent of the population (1976: 1.7 percent). Deserving of attention is the increase in meningitis associated with pulmonary or secondary pulmonary tuberculosis among children in recent years.

Venereal disease has also increased significantly compared to 1976, especially in the major cities.

Goiter was once only seen in the mountains, where the morbidity rate ranges from 20 to 40 percent; however, recent basic investigations have shown that a rather large number of persons in the provinces of the Red River Delta and the Mekong Delta is also afflicted with this disorder.

Dental diseases are still widespread, especially the following two: dental caries, which is found in 57 to 72.9 percent of the people and 49.2 percent of the children between the ages of 10 and 12, and trench mouth and periodontis (38.1 percent).

2. The health of our people, although improved, has been improved slowly.

The average life expectancy of our people today is 63 years of age (62 for men, 66 for women). In 1945, average life expectancy was 38.

There are approximately 6 million elderly persons (men over 60, women over 55) in our country. They constitute 10 percent of the population.

The national death rate is 7.4 percent (one of the lowest in the world).

We are very excited and proud over the achievements and advances mentioned above; however, in the field of our people's health today, there are still very many problems that we must continue to resolve. Basic investigations have shown that as many as 92 percent of the persons examined in many different localities are afflicted with one or more diseases. All together, only about 48 to 60 percent of the population (depending upon the area) are persons who are in good health or only afflicted with a mild disease that does not affect their ability to work. Persons who are seriously ill, are in poor physical condition and whose illness seriously affects their ability to work or makes it impossible for them to work represent 10 to 12 percent of the population.

In particular, a look at the health of cadres, manual workers and civil servants and of mothers and children shows:

Among 1.8 million manual workers and cadres whose health is being observed and managed, the number that meets category 1 health standards has been declining while the number that only meets category 4-5 health standards has been rising sharply. The number of cadres and workers forced into early retirement by disabilities has also been rising.

The health of mothers and children poses many problems that must be resolved.

While the morbidity rate for women's diseases has declined, it is still high (40 percent in the northern provinces and 60 percent in the southern provinces).

As regards the health of children, an investigation of more than 600 newborns showed that 45.8 percent weighed 2.8 kilograms or less (14.3 percent of whom weighed less than 2.5 kilograms). According to health management data compiled by 20 districts and cities and data compiled through basic investigations conducted at 22 different population centers, the health situation of children from the age of infancy to 15 is as follows:

--Good and above average health: 25.2 to 25.8 percent;
--Average health: 51.7 to 52.5 percent;
--Poor health: 20.1 to 22.7 percent.

Among the very basic causes of the situation described above are the facts that many women still do not plan the birth of children, the rate of population growth in our country is still high (approximately 2.3 percent in 1983) and we do not have all that we need to properly care for the young generation. Approximately 1.7 million children are born each year, more than 50 percent of whom are at least the mother's third child. Many women begin bearing children when they are still very young (in 1981, nearly 40,000 mothers were below the age of 19, nearly 500 of whom were below the age of 18 but had already given birth to their second or third child).

Because of this situation, there are about 10 million children between the ages of newborn and six in our country each year (18 percent of the population), 95.9 percent of whom have worms, 10 to 20 percent have rickets and 7.7 to 15.6 percent are malnourished. Childhood diseases, such as gastro-enteritis, diptheria, whooping cough and so forth, impose a heavy burden upon many families each year and account for as much as 34.47 percent of mortality among children.

To correct the situation described above, every locality must adopt comprehensive plans for providing good schools, intensifying efforts to prevent and control epidemics, improving the quality of medical examinations and treatment, promoting planned parenthood, etc. Only in this way is it possible to gradually improve the health of our people and support the requirements involved in building and defending the fatherland.

II. A Number of Matters Concerning the Socialist Approach to Public Health

On the basis of the principles of socialist public health work combined with the realities of our country's revolution, our party has expressed many views concerning the approach to be taken in the field of public health. In the course of applying the party's views, many matters have been clarified and thoroughly implemented. Here, we will only present some thoughts concerning the following matters:

1. The struggle between the two paths within the field of public health.

In the initial stage of the period of transition, as is the case in many other fields of work, the struggle between the two paths on this front is a sharp struggle, especially in the provinces and municipalities of the South, where the economy still consists of five different segments and the developing socialist public health network is constantly being infiltrated by remnants of the old public health system, remnants that assume a wide variety of forms. At present, the most serious manifestations of these remnants are the shortcomings that exist in the relationship between physician and patient, the epitome of which are those persons who have regressed and are using their title as physician to exploit patients in both medical examinations and treatment and the production and sale of medicine.

At many times and places, we have failed to give our best efforts to the struggle between the two paths within the field of public health. As a result, in a number of localities, private public health services have proliferated and the free market in drugs has encroached upon domestically produced drugs, thereby reducing the prestige of the state public health system and corrupting a number of doctors and pharmacists who had been supporters of the revolution for many years by causing them to pursue vulgar material interests, foresake the ideals of the communist and disregard the standards of a people's public health cadre.

At many medical care facilities, negative practices are still evident in all areas of operation, a spirit of responsibility is lacking, bribes are demanded of patients, drugs are being stolen...

This situation has reached the point where a number of public health activities have become ineffective, thereby affecting the confidence the people have in the superiority of socialist public health care and our system.

We cannot allow money to subvert the proper relationship that should exist between physician and patient, cannot allow the free market in drugs to develop.

It has always been the policy of the public health sector that public health cadres not provide private medical examinations or treatment and that the free market in medicine be abolished. Council of Ministers' Resolution 55 also pointed out the need to put a stop to private examinations and treatment and tightly manage the production and distribution of drugs. This is an issue of key importance, an extremely urgent issue in the struggle to determine "who triumphs over whom" within the field of public health. We urge the various

party committee echelons to give this issue their close attention and take immediate, thorough steps to resolve this problem within each locality.

2. Preventive medicine is the fundamental approach in socialist public health care. Only under the socialist system is preventive medicine practiced as fully, as completely as possible. For many years, whenever we talked about preventive medicine, we usually only gave thought to epidemiological hygiene and the activities of the public health sector. Of course, this is a very important health care field; however, under the socialist system, preventive medicine is extremely broad in scope. It consists of a combination of economic, social and political measures taken to prevent illness and infirmity, have a positive impact upon efforts to eliminate those factors that are detrimental to man's health and create for man a life that is well balanced both spiritually and physically. In keeping with this spirit, preventive medicine must be the approach that we take in all areas: the protection and improvement of the environment; the improvement of the eating and housing standards of the people and the conditions under which they study, work and relax; the protection of the health of mothers and children; the prompt detection and treatment of illness and infirmity, etc. This is a very large task and is a responsibility that must be fulfilled by many different sectors and levels under the leadership of the party.

We cannot prevent communicable diseases and improve the physical well being of our citizens when the environment is still being seriously polluted, sewage and garbage are not being handled well, women continue to bear many children, children continue to be malnourished, etc.

As regards the public health sector itself, this approach must be its consistent approach in every area of work. It must propose measures to prevent disease among each segment of the population and within each region of the country. The medical treatment it provides must be characterized by early detection, prompt treatment and the rehabilitation of patients. The training of cadres, scientific research and the production of drugs must fully reflect this approach. Building a widespread public health network within the districts, wards and precincts, a network tasked with providing an education in public health and managing the public health of each citizen, protecting the environment in which each family lives, implementing a good vaccination program, caring for the health of mothers and children, implementing planned parenthood and providing early detection and prompt treatment of disease by simple methods and through the use of locally available medicinal herbs is the most correct way to give expression to the preventive medicine approach within the districts and at basic units, is a measure that will yield very large returns in our country's public health work in the years ahead.

The public health sector has the task of serving as the staff of the party committees and developing specific programs in each area of its work (the prevention and control of environmental pollution, the prevention and control of bacterial diseases, the prevention and control of social diseases, health management programs, the program to combat gastro-enteritis, the potable water program, etc.). The sectors and mass organizations on all levels have the responsibility of coordinating their efforts in this area under the leadership of the party committee.

By thoroughly practicing preventive medicine in a way that is scientific, systematic and planned, we will surely make rapid inroads against the diseases and disorders associated with a developing country.

3. Combining traditional folk medicine with modern medical science and building the medical science and public health system of socialist Vietnam.

Before they came in contact with modern medical science, our people, over the course of the thousands of years spent building and defending the country, had developed a medical science of their own that served them well in the prevention and treatment of disease. It is the traditional folk medicine of our nation. The famous herbal physicians in our country's history, such as Tue Tinh, Hai Thuong Lan Ong and so forth, learned from experience and developed their fragments of information into knowledge in the nature of theory. Besides what they left behind in books, highly efficacious prescriptions and methods of treatment have been handed down among the people, prescriptions and methods of treatment that require no medicine at all or are based on our country's very rich sources of drugs. For this reason, the party adopted at an early date the policy of incorporating, enhancing and developing upon the nation's traditional folk medicine and combining it with modern medical science with a view toward building a system of Vietnamese medical science that is both modern and national in keeping with the teaching of the esteemed Uncle Ho.

In recent years, although we have made many efforts and much progress in this field, traditional folk medicine has still not been developed in a manner consistent with the line and views of the party, the medical needs of the people or the capabilities of folk medicine. The measures being taken at many places are still all form and no substance. Many public health cadres have yet to fully adopt this approach in the sector's activities.

To continue to practice this approach more thoroughly, we feel that it is necessary to focus efforts on resolving the following several problems of primary importance:

a) We must continue to promote the effort to incorporate traditional folk medicine. This is work of a very urgent nature. We must successfully incorporate the medical theory of our famous physicians in history and the valuable experiences of the skilled physicians of today as well as the good remedies, folk medicines and simple but efficacious methods of treatment of the various nationalities within our country.

b) We must expand and improve the effort to combine traditional medicine with modern medicine. Recently, we have made some progress and recorded some achievements in this area but the overall level of success and the returns from our efforts remain low. We must eventually combine folk medicine and modern medicine in all fields of disease prevention and treatment, cadre training, scientific research and the production and use of drugs. We must gradually raise traditional folk medicine to the level of modern development; at the same time, we must insure that our public health cadres are skilled in preventing and treating disease by means of both modern medicine and traditional folk medicine.

c) The problem of medicine produced from domestic sources of drugs must be resolved better. This is an extremely important problem, one that is of decisive significance in insuring success in our effort to incorporate traditional folk medicine and combine it with modern medicine. By resolving the problem of providing the drugs needed for traditional medicine, we will also be making a positive contribution to resolving the present shortage of drugs. To our country, this is a matter of urgent economic and social significance.

d) We must improve the elementary and advanced training of medical and pharmaceutical cadres. The colleges, academies and middle schools must re-examine their programs of instruction, plans and the subject matter being taught with a view toward training public health cadres who know how to utilize the efficacious methods of treatment of traditional folk medicine. An effort must be made to quickly train public health cadres for the villages and basic units who are skilled in the use of medicinal herbs and in acupuncture.

e) The public health sector and the Folk Medicine Associations on the various levels must coordinate more closely in this field in order to discover, select and utilize the skilled physicians within the various localities and create favorable conditions for incorporating folk medicine and combining it with modern medicine.

Combining traditional folk medicine with modern medicine is an extremely complex scientific endeavor. Therefore, it is very necessary that this matter be given the concern and close leadership of the various party committee echelons as this is the only way that its proper implementation can be insured.

4. The role of the masses and society in the process of building the socialist public health system.

Public health work is work of a scientific and technical nature as well as work of a very broad mass and social nature. As a result, the specialized, technical activities of the public health sector cannot be separated from the day to day activities of the masses or the various sectors and mass organizations within society.

In recent years, when discussing the role played by the masses in building the public health sector, we have usually only emphasized material contributions made by the masses under the guideline "the state and the people working together." In view of our circumstances, it is correct to raise the matter in this way. In many localities, as a result of knowing how to successfully mobilize contributions by the people, we have managed to build some rather good material bases for the public health sector. However, another issue of importance is that the socialist public health network demands that every member of society possess the necessary knowledge of health care so that everyone can consciously and actively participate in public health work, because, this issue is related to each and every one of us, to everyone's daily activities and not only has an impact upon one's own health, but also upon the health of the people around us.

In public health work, the movement among the masses to care for their own health and the health of the social community is a factor of very decisive importance.

On the other hand, public health work is related to all sectors of the state and all mass organizations. The public health sector cannot perform its task well if the related sectors do not fully recognize their responsibility and actively participate in protecting and improving the environment, which cannot be achieved if agriculture does not change the practices involved in the fertilization and irrigation of fields and the cultivation of fish, the industrial sectors do not find good solutions to the problems of industrial waste (waste water, dust, toxic gases, etc.), forestry does not restore the forests that have been destroyed, etc. Good hospital services cannot be provided if there is a shortage of funds for inpatients, outpatients and examination clinics, if there is a shortage of electricity, water, soap, blankets, mosquito nets, mats, grain, food and so forth. All of these are necessary conditions that the public health sector cannot provide on its own. In order to gradually meet the need for medicine, the sector must also receive contributions from many other sectors in the form of energy and secondary materials (such as glass, sugar, alcohol, wood, paper, etc.).

In summary, in a field as large as this one, the public health sector can only serve as the staff of the party committees and governments on the various levels concerning the knowledge that every citizen, every sector and mass organization must possess and practice. The various party committee echelons and levels of government must organize and lead the propaganda and educational effort to show each person and sector what their responsibility is so that they closely coordinate with the public health sector and exercise ownership together. Only by developing upon the collective ownership role played by the masses and the sectors in this way is it possible to establish stable conditions for effectively resolving the basic problems being faced now, such as protecting and cleaning up the environment, improving the quality of medical treatment, producing and distributing drugs, reducing the rate of population growth to a rational level and so forth, as set forth in the resolution of the 5th Congress.

[5 February 85, pp 2, 7]

[Text] III. Some Preliminary Thoughts on the Guidelines for Public Health Work in the Years Ahead

1. Some observations on public health work in recent years.

Under the resolution of the 5th Party Congress, the public health sector has overcome many difficulties in order to detect, stop and combat epidemics, provide medical examinations and treatment, develop pharmaceuticals, produce and distribute drugs, step up the planned parenthood campaign, strengthen the public health network, especially the lines on the district and village levels, participate in export activities and assist the public health sectors of Laos, Cambodia and a number of other developing countries. Many efforts have been made to provide cadres with elementary and supplementary training; to propose and implement new regulations and policies; to guide the emulation

movement and establish advanced model units; to conduct routine inspections, promptly correct mistakes and resolve difficulties in many localities and basic units. The network of advanced public health units (villages, subwards, districts, precincts, wards, cities, hospitals, pharmacies, public health schools and so forth) has continued to be expanded.

These accomplishments have been due to the line and policies of the Party Central Committee and the Council of Ministers, to the leadership, guidance and concern of the various party committee echelons and the people's committees on the various levels. As a result, public health cadres and personnel have been motivated to make every effort to perform the task assigned to them and the masses have been mobilized to actively participate in many health care activities within each locality and basic unit.

Since the 5th Congress of the Party, many party committees and people's committees on the local level have promulgated many directives and resolutions concerning public health work, in general, or a specific aspect of public health work. These directives and resolutions have helped public health cadres gain a deeper understanding of the party's line and views concerning public health work; at the same time, they give direction to each public health activity within the localities. These directives and resolutions also reflect guidance provided by the Department of Science and Education of the Party Central Committee and the very important staff work performed by the science and education sections of the provincial, municipal and special zone party committees.

We are very happy that the provincial, municipal and special zone party committees have concerned themselves with providing the leadership needed to develop public health work in the localities. Many localities have made extremely important contributions and progress. Consider the following few typical examples:

Ha Nam Ninh is a province that has held the rotating banner of the Council of Ministers for 3 consecutive years and is the country's leader in public health work. The country now has 11 districts that have completed the "five thorough jobs." Three of these districts are in Ha Nam Ninh and the province is now working to add one or two more districts to this list in the immediate future.

Quang Nam-Da Nang, a newly liberated province, has developed its public health services in a relatively comprehensive manner and now has a relatively large corps of cadres and a comparatively strong network and system of organizations and quickly launched the "five thorough jobs" movement, achieving results on a par with those achieved in the northern provinces.

Tien Giang, a province in the Nam Bo Delta, has made rapid progress and is now carrying out a plan to eventually complete the construction of sanitation projects throughout the province, do away with the privies that stand along the rivers, canals and fish ponds and improve the environment.

Vinh Phu and Ha Bac, provinces that have a tradition of maintaining good disease prevention sanitation, are working to complete the three sanitation projects on a province-wide scale.

The leaders in the planned parenthood campaign are Ho Chi Minh City, Haiphong, Hanoi and the provinces of Thai Binh and Quang Nam-Da Nang.

Binh Tri Thien, a province that has been hit hard by one natural disaster after another over a period of many years, has taken positive steps to guard against and combat natural disasters by mobilizing large numbers of local public health cadres to devote their efforts to providing emergency medical care, providing assistance in childbirth and preventing and controlling epidemics, thereby quickly overcoming the aftermath of typhoons and flooding.

Cuu Long Province, which has rapidly developed the production of drugs from local raw materials, is meeting the common drug needs of the people well, managing the drug market well and not allowing it to be controlled by the free market.

The provinces of Long An and An Giang, which have achieved much success in their efforts to strengthen and build the public health sector, have mobilized the people to build village and district public health facilities under the guideline "the state and the people working together."

The northern border provinces have mostly coordinated civilian and military medical forces in order to provide good combat support.

The provinces of the Central Highlands have also made much progress and established a number of relatively good model units.

In summary, in recent years, all localities have made efforts and innovations, have achieved success in overcoming their difficulties and promoting public health activities within the locality.

Besides the achievements and progress mentioned above, public health work is still marked by a rather large number of shortcomings and weaknesses.

1. As is the case in many other fields of work, we are not fully aware of the intense nature of the struggle between the two paths in the period of transition or of the cunning schemes being employed by the enemy in the field of public health in their wide-ranging war of sabotage. Therefore, appropriate importance has not been attached to mounting a widespread propaganda and educational effort to provide information on the line and views of the party concerning public health work. The political and ideological education of public health cadres and personnel is being given light attention and even neglected, as a result of which their morale and attitude toward patients have declined and negative phenomena have developed in examinations, medical treatment and the production and distribution of drugs at many places. Within some localities, appropriate attention is not being given to resolving the problem of private public health activities. The above situation has affected the quality of public health work as well as the confidence that the people have in this field of the party's work.

2. The disease prevention hygiene movement has been developing slowly. Unsanitary ways of living have not been corrected, the environment has not been improved and, at some places, especially in the cities and industrial

zones, the environment is deteriorating more with each passing day. In this situation, prolonged epidemics have occurred in a number of localities. And, we have generally had to deal with epidemics in a passive manner, which has had a considerable effect upon labor and the movement of materials and even had adverse political effects at some times and places. This is an exceedingly important and complex problem, one that can only be resolved through the close coordination of many different sectors with the public health sector under the leadership and guidance of the various party committee echelons and levels of government.

3. Very many difficulties are still being encountered with regard to medical examinations and medical treatment. Negative practices persist at many examination and treatment facilities. Attention is not being given to developing folk medicine in a manner consistent with the medical care requirements of the people and the capabilities of traditional medicine. Many localities have not taken practical or concrete steps to incorporate folk medicine and combine it with modern medicine and have not concerned themselves with harvesting, processing and supplying pharmaceuticals for folk medicine. Appropriate attention is also not being given to training cadres, building the folk medicine network and adopting policies for the development of folk medicine.

4. Our country's population growth rate is still high (2.3 percent). Each year, about 1.7 million children are born, a figure that is very much out of balance with economic and social development. At present, there are still 35 provinces and municipalities in which the rate of population growth remains somewhere between 2 and 3 percent. The immediate causes of this situation are the following: our country's population is relatively young (children less than 15 years of age make up 42 percent of the population; in 1983, women of child bearing age, that is, from 19 to 45 years of age, numbered 11.6 million). The number of married couples of child bearing age who practice birth control is still very low (only 22.5 percent). Bearing children early in life, bearing children close together and bearing many children are still rather widespread practices (of the total number of women who give birth, 50 percent are giving birth to at least their third child).

In the face of this situation, there are still many localities, sectors and basic units that are not sufficiently aware of the revolutionary significance and humane nature of the population policy and planned parenthood, consequently, they have not given the planned parenthood campaign their concern or direct attention, are not truly leading and guiding this campaign and have not closely coordinated their leadership and guidance of population growth with their leadership and guidance of socio-economic development. Many cadres, party members, Youth Union members and members of the Women's Union, including leaders on the various levels, are still not setting good examples from the standpoint of planned parenthood. Also for these reasons, we have been unable to mobilize a combined force and unable to make well coordinated use of the various measures at our disposal (propaganda-education, scientific-technical, administrative and economic) to support the campaign.

5. At a time when our ability to import drugs from foreign countries has been steadily declining, we have not been tightly managing the production,

distribution or use of drugs, as a result of which the quality of medicine has declined and medicine has become lost and not reached the hands of patients. The free market in medicine is developing and profiteering, hoarding, black marketing and the manufacture of fake drugs have not been stopped. Because of many different difficulties, the antibiotics and chemical pharmaceutical industry is being built slowly. The cultivation of medicinal herbs is not being given appropriate attention and is not well planned. The returns from the use of many medicinal herb gardens in the villages are still very low.

6. The public health network on the district level, especially on the village level, is encountering major difficulties because we have not provided the corps of cadres with good elementary and advanced training, have not provided village public health cadres with adequate living conditions and have not created the conditions that they need to go about their work with peace of mind. Although the state has promulgated various documents that establish benefits for village public health personnel, such as Council of Ministers' Decision number 11, Joint Ministry of Public Health-Ministry of Agriculture-Ministry of Food Circular Number 33 and Joint Ministry of Public Health-Ministry of Finance Circular Number 17, many localities have not implemented them correctly. Also on the district level, numerous district hospitals are encountering difficulties because of a shortage of funds (they are receiving only 60 to 70 percent of their funding), consequently, they do not have money to buy drugs or supplies for use in medical examinations and treatment and cannot repair their dilapidated buildings.

The bureaucratic, subsidization style of management within the public health sector is still widely prevalent, especially within medical examination and treatment units. Hospitals continue to operate in the same old way and never stop to calculate economic efficiency. We feel that it is necessary to quickly correct this situation by conducting studies for the purposes of establishing funding and labor force levels, implementing a bonus system and a system of working in pairs within hospitals, researching the possibility of charging certain patients hospital fees and instituting accounting procedures at the basic production units within the sector as well as within the production jobs performed within hospitals.

2. The guidelines for public health work in the years ahead.

Below, we have presented some preliminary thoughts concerning a number of main guidelines. Specifically:

--We must promote a widespread patriotic hygiene movement in all localities of the country, especially within the movement to build and improve sanitation projects, the "three exterminations" movement (exterminate flies, exterminate mosquitoes, exterminate rats) and the "three cleans" movement (clean food, clean water, clean living conditions). We must keep a close watch on epidemics and quickly extinguish epidemics as soon as they break out so that they do not spread or become prolonged. Efforts must be made to reduce the morbidity and mortality rates associated with malaria and bacterial diseases.

--We must improve the quality of all aspects of public health work, especially medical examinations, medical treatment and emergency care. Efforts must be made to reduce the morbidity rate associated with social diseases.

--We must promote the incorporation of traditional folk medicine, build the folk medicine network, develop the use of methods of treatment that do not involve the use of drugs and improve the program of folk medicine study at public health cadre training schools. Efforts must be made to quickly provide each village with one cadre who is skilled in the use of medicinal herbs and acupuncture.

--We must try to meet the medicine needs of the people, promote the cultivation and use of medicinal herbs within the villages and begin the production of pharmaceutical chemicals and antibiotics.

--We must promote planned parenthood and make an effort to reduce the rate of population growth to a rational level throughout the country.

--Importance must be attached to the quality of the "five thorough jobs" movement in both the countryside and the cities. We must build and strengthen the public health network, with primary emphasis upon strengthening this network, especially within the districts and at basic units.

--On the basis of periodically reviewing our experiences, we must continue to expand the "five thorough jobs" movement within the districts, wards and precincts.

In the years ahead, we feel that it is necessary to focus efforts on such key areas as the mountains, the Central Highlands, the Mekong Delta and industrial crop growing areas, with primary emphasis on building the public health network within the key districts, beginning with the 42 key districts of the central and local levels, and on serving children, women, cadres, manual workers and civil servants, especially those within hazardous, strenuous occupations.

IV. A Number of Proposals

To insure the party's leadership of public health work, we first propose that the various party committee echelons concern themselves with the following several matters of general importance:

1. Gaining a thorough understanding of the line and views of the party so that they can set guidelines and targets, decide policies and measures and plan the development of public health services within the locality;

2. Concerning themselves with building the locality's corps of public health cadres, especially politically, ideologically and in terms of their living conditions;

3. Appointing the right persons as key cadres, especially leadership and management cadres and specialized technical cadres at the head of the sector on the provincial and district levels; planning the elementary training,

utilization and advanced training of cadres in exact accordance with the party's cadre policy;

4. Concerning themselves with building the party and building the mass organizations throughout the public health sector, especially at treatment and epidemic prevention facilities, cadre training facilities and basic units that produce and distribute drugs;

5. Regularly inspecting the work of the public health sector, periodically receiving reports on public health and promptly resolving major problems that arise within the field of public health in the locality.

6. Guiding the various sectors and mass organizations, especially the Red Cross and the Folk Medicine Association, in closely coordinating with the public health sector in the performance of public health work within the locality.

In the immediate future, between now and the 6th National Congress of the Party, we suggest that all party committees familiarize themselves with and closely lead the following tasks of primary importance:

1. Successfully launching patriotic hygiene movements to protect and gradually clean upthe environment and making inroads against the various diseases and disorders, especially epidemics and bacterial diseases:

Protecting and gradually cleaning up the environment while improving the quality and effectiveness of our efforts to prevent and combat epidemics are the first task set by the 5th National Congress in the field of public health. To perform these jobs well, we first suggest that the concerned party committees assign the related sectors the task of properly fulfilling their function of protecting the environment. On the other hand, it is necessary to mount a widespread propaganda and educational effort to provide the people with basic knowledge concerning disease prevention hygiene, the prevention and control of epidemics and environmental protection, including common medical knowledge that every citizen must apply. On the basis of performing good propaganda and educational work, we must continue mobilizing the people to build, improve and utilize sanitation projects in a manner consistent with the conditions that exist within each area with a view toward effectively resolving the problems of sewage, water and garbage. At the same time, the masses can, depending upon the situation within each locality, be mobilized to participate in patriotic hygiene movements designed to clean up and protect the environment and establish a civilized way of life. Every citizen must be made fully aware of the significance and impact of vaccination programs. The people must be encouraged to actively comply with the vaccination requirements of the public health sector. Measures must be adopted to provide for routine inspections and harsh action in cases involving violations of sanitation regulations.

In order for it to properly serve as the staff of the party committees in the maintenance and development of movements and insure that specialized, technical measures are implemented well, it is necessary to strengthen the

epidemic prevention hygiene system in every respect and insure that these organizations operate effectively.

2. Maintaining and improving the quality of medical examinations and treatment.

To constantly improve the quality of medical examinations and treatment, the public health sector has issued specific regulations concerning examination clinics and hospitals. Here, we are only suggesting that the various party committee echelons concern themselves with the following several matters:

--Adopting policies and plans for continuing to improve and enlarge examination and treatment facilities (including folk medicine facilities and the public health stations on the basic level) while insuring that these facilities are adequately funded, receive the necessary supplies and have the other conditions that the public health sector cannot provide on its own.

--Adopting measures and policies that develop the role played by traditional folk medicine and the practioners of folk medicine in medical examinations and treatment.

--Providing stronger leadership of the political and ideological education of the corps of public health cadres at basic medical examination and treatment units; doing a better job of building the party, the Trade Union and the Communist Youth Union; and insuring that the corps of public health cadres and personnel always has a clear understanding of its glorious task and steadfastly maintains and cultivates the virtues of the socialist physician.

3. Promoting the planned parenthood campaign.

To properly comply with the resolution of the 5th National Congress of the Party as regards the population growth issue, it is necessary to bring about a strong and widespread change in the immediate future, from the various party committee echelons to the different levels of government and the mass organizations, in the leadership and guidance of the planned parenthood campaign. Well coordinated use must be made of the various measures at our disposal and the combined forces of all sectors and mass organizations must be mobilized to participate in the campaign. To achieve this end, it is necessary to resolve the following several problems:

--We must intensify our propaganda and educational efforts concerning the population issue and planned parenthood, correct backward attitudes and habits and launch a widespread movement among the masses to participate in this campaign. Beginning now, every married couple must make an effort to have no more than two children; families that already have two children or more must be determined to not have any more children. We must teach cadres and party members to truly set a good example with regard to planned parenthood.

--In their socio-economic development plans, the various localities must assign population growth norms to each district, ward, precinct, village and subward and manage the number of births each year as closely as they manage economic norms.

--Depending upon their specific situation, the localities must promulgate new regulations and policies or supplement those that exist with a view toward creating favorable conditions for the planned parenthood campaign.

--The provinces and municipalities must soon establish population and planned parenthood committees (if they have not already done so), strengthen the planned parenthood campaign sections on the district and basic levels and insure that these organizations conduct truly effective activities.

--Attention must be given to guiding the public health sector in strengthening and developing the basic public health network, in general, especially the network of units and cadres engaged in planned parenthood work on the various levels and lines. We must provide the guidance needed to establish close coordination between the public health sector and the other sectors and the mass organizations in this campaign.

4. Resolving the medicine problem well.

In recent years, the shortage of medicine has been extremely acute at many places. In the years ahead, if we simply rely upon the sources of the central level, it will be impossible to satisfy the medicine needs of the people. Therefore, every locality must develop each of its potentials and contribute along with the central level to gradually eliminating the present shortage of medicine.

Most importantly, every locality must adopt a plan for strongly developing the cultivation of medicinal plants on all three lines, the provincial, district and village lines, and establish a number of areas devoted to the production of these plants; at the same time, the movement to grow and use medicinal herbs must be promoted within the villages. Plans must be adopted for taking the initiative in producing the common drugs needed by the locality and providing an increasingly large supply of raw materials to the central enterprises, thereby making increasingly large contributions to the exportation of products to earn foreign currency with which to import antibiotics, chemicals used in testing and public health implements that the Ministry of Public Health is not yet able to supply to the public health facilities of the localities.

We must provide even better management within the pharmaceutical field, in every area from production to the distribution and use of drugs, to insure that drugs are of high quality, are efficacious, insure that the distribution and use of drugs are convenient, sensible and economical and quickly correct the problem of drugs becoming spoiled and lost and eradicate the free market in drugs.

5. We must continue to strengthen and expand the public health network, especially on the district, ward, precinct, village and subward lines.

Within socialist society, every citizen has the right to health care. Therefore, the public health network, especially the district, ward, precinct and basic lines within this network, must continue to be strengthened and expanded, primarily strengthened, to insure that all potentials that exist in

terms of cadres and material bases are fully developed and that this network is eventually fully capable of providing good health care to the masses beginning on the basic level.

To perform this task well, we suggest that the various party committee echelons concern themselves with the following several matters:

--Planning the network's organization; adopting plans for training, assigning and utilizing management cadres and specialized public health cadres, including cadres who practice folk medicine; and, at the same time, closely guiding the recruiting of students for colleges in accordance with the district priority list in order to train college educated doctors and pharmacists for the districts.

--Insuring the full implementation of the policies that have been promulgated by the state concerning public health cadres, especially village public health cadres, public health cadres who work in the mountains, on the islands or in the new economic zones and roving cadres who work in the field of epidemiological hygiene and malaria control; giving attention to improving the living conditions of public health cadres and creating the conditions needed for them to go about their work with peace of mind.

--Adopting plans, under the guideline of "coordinating the state and the people," for continuing to mobilize the people to build and repair material bases for public health facilities.

6. Maintaining and properly leading the campaign to perform the "five thorough jobs" in public health work.

On the basis of the instructions received from the Ministry of Public Health, every locality must establish specific requirements concerning these five jobs, requirements that are consistent with the locality, and continue to guide the efforts to build and increase the number of advanced model units. With the district as their base, the localities must provide the leadership needed to thoroughly perform each job and eventually complete many jobs and gradually improve the quality of and the returns from the "five thorough jobs" movement.

7. Conducting a good review of public health work in the recent past and formulating plans for public health work in the years ahead, beginning with the locality's 1986-1990 Five Year Plan

To help the party committees lead public health work, in general, and solve the problems being faced, we suggest that the science and education sections or the propaganda and education sections on the various levels include persons who are deeply involved in this field of work. We are prepared to provide cadres for this purpose as required by the party committees.

Dear comrades,

Ever since the victory of the August Revolution, our party has had the tradition of leading public health work. The public health sector has had the

tradition of always following the leadership of the various party committee echelons.

We are very glad that this conference is being held and feel confident that following this conference, the leadership provided in the field of science and education, in general, and public health work, in particular, by the various party committee echelons will be stronger, as a result of which greater progress and achievements will be recorded in all areas of science and education, including public health work.

I wish your conference fine success.

7809
CSO: 4209/272

HEALTH FACILITIES EXPANDED NATIONWIDE

Hanoi LAO DONG in Vietnamese No 8, 21 Feb 85 p 2

[Text] As of February 1985, the whole country has 10,649 basic public health stations in villages, urban subwards, state organs, enterprises, work sites and state farms and forests to provide medical treatment and obstetric service and to protect the people's health. This figure shows an increase of 5,649 stations over 1974.

At the district, ward, precinct and municipal levels, there are enough hospitals, hygiene and disease- and malaria-prevention teams, drugstores and their agencies, and public health offices. In addition, nearly 600 more polyclinic examination rooms have been set up in various zones and nearly 300 more offices providing diagnosis and treatment based on traditional medicine have been founded in districts, wards and precincts.

At the provincial and municipal levels, there are polyclinics, specialized hospitals, traditional medicine hospitals, sanatoriums, hygiene stations for the prevention of epidemics, malaria, tuberculosis, dermatologic, venereal and ophthalmologic diseases, public health middle schools and joint pharmaceutical enterprises.

At the central level, there were only 10 research institutes in 1974; today, their number has risen to 28 institutes and departments including 8 disease prevention, vaccine, labor hygiene and nutrition institutes; 3 malaria, entomology and parasitology institutes and departments; 2 traditional medicine institutes; 1 acupuncture institute and various research institutes dedicated to the protection of mothers and babies and to pediatrics and geriatrics. There are also more than 10 polyclinics and specialized hospitals, pharmacy and pharmaceutical enterprises' federations, pharmaceutical and material corporations and 6 medicine and pharmacy colleges. These organizations are focusing on promoting the public health sector and expanding it throughout the country.

9332
CSO: 5400/4371

VIETNAM

BRIEFS

HA NAM NINH PUBLIC HEALTH STATISTICS--In 1985: After 30 years of implementing Uncle Ho's teachings, Ha Nam Ninh Province has now a solid and extensive public health network consisting of 12 general and specialized hospitals at the province level, 2 hospitals supporting the production sector, and 60 area general clinics (a ratio of one clinic per 50,000 people). Under the Health Department, there are 10 medical and pharmaceutical general stations, a pharmaceutical integrated enterprise, and a medical high school. Each of the 20 districts, towns and cities in the province possesses a general hospital with from 100 to 150 beds, a pharmacy, and an anti-epidemic and anti-malaria prevention group. The whole province has nearly 8,000 hospital beds with over 1,000 doctors and pharmacists graduating from universities, including over 30 of them having post-graduate degrees. [Text] [Nam Dinh HA NAM NINH in Vietnamese 26 Feb 85 p 3] 9438

CSO: 5400/4382

ZAMBIA

BRIEFS

TYPHOID HITS SCHOOL--Chizongwe Secondary School has been hit by an outbreak of typhoid and several pupils and teachers have been quarantined while several others are admitted in Chipata General Hospital. Chipata General Hospital medical superintendent, Dr Denish Pandya confirmed the outbreak but said the situation is under control and that those who were admitted are recovering. Dr Paniya said by Monday 57 were admitted in the Isolation Ward though the number could have been reduced by yesterday as many more were being discharged and put in isolation at the school. The outbreak has spread to a nearby primary school where several teachers have also been quarantined at Chizongwe while others are admitted in the general hospital. A spokesman for the school said out of the 31 teachers only seven were not affected by the disease and said the situation at the school was getting tense. He said pupils who have not been affected were attending classes but without teachers. [Excerpt] [Lusaka ZAMBIA DAILY MAIL in English 27 Mar 85 p 5]

CSO: 5400/121

ZIMBABWE

AID TO ERADICATE TSETSE FLY SOUGHT

Harare THE HERALD in English 5 Apr 85 p 3

[Text] The Minister of Agriculture, Senator Denis Norman, yesterday appealed to the international community for funds to fight tsetse fly which he said was crippling rural development programmes.

The tsetse fly which causes sleeping sickness, had been found to be responsible for the deaths of 20 000 people in Africa. Zimbabwe was fortunate that only six cases of the disease were being reported each year.

Senator Norman was addressing a field day in Mount Darwin organised by the European Community to assess the effects of the fly on livestock along the Zambezi Valley.

Participants went to Chesa small-scale commercial farming area where they saw weakened cattle on well managed grazing schemes with excellent grazing.

The EC organised the field day to secure support for the regional project designed to eliminate tsetse fly in Zimbabwe, and much of Zambia, Malawi and Mozambique.

"The rural development programme's success hinges on the well-being of the oxen," said Senator Norman. "We can develop this country only with the availability of livestock; it is an important ingredient to the well-being of this country."

He assured environmentalists that the use of chemicals to control tsetse would not endanger their interests.

The meeting was attended by the Minister of Health, Dr Sydney Sekeramayi, members of the diplomatic corps and environmentalists--who were outspoken about the need to take into account the importance of protecting natural resources.

In his summary Senator Norman said that while such issues should be taken into account, any talk about rural development would be meaningless unless both natural and human resources were planned in a complementary way.

Failure to keep peasants in their rural setting was bound to encourage slums in urban areas of Zimbabwe which had so far been free of the problem, he said.

"The poor in Zimbabwe are the rural poor," he said. "If we fail to keep them there there will be far greater problems than that of tsetse fly.

"A workable system between the animal and human needs should be devised. We are looking at land usage systems to have a balance between wildlife and people."

Zimbabwe, he said, was proud of its achievement in the last 30 years and agriculture in the country was the success story of Africa.

"But somewhere along the line we do not receive praise for our achievements," he said. "It would appear there is some deliberate policy to destabilise what we have achieved.

"The foreign Press should be free to check their facts. We have problems; but the answer to them is to tackle them."

CSO: 5400/126

BRIEFS

CONGO FEVER VICTIM--Durban--Relatives of Natal's first Congo Fever victim, Vincent Nthalane, claimed yesterday that they had still not been examined by the health authorities to see if they have contracted the highly infectious killer disease. The 30-year-old former Pietermaritzburg construction worker died of the disease 12 days ago and was buried about seven metres from his front door yesterday afternoon. About 200 wailing mourners attended the funeral. His distraught relatives said that his body was released to them from the Edendale Hospital and taken by hearse to his mud hut in the Mpumuza Township five km from the hospital. According to Dr Murray Short, senior medical officer in charge of communicable diseases in the KwaZulu Department of Health and Welfare, Mr Nthalane's body had been sealed in two heavy-duty plastic bags ever since he died. "There was absolutely no danger of a spread of the disease. Two senior health inspectors and a community health nurse were present at the burial to ensure that the bag was not opened," said Dr Short. "Ideally, the body should have been cremated, but according to Zulu tradition this was not possible. Hospital staff and Mr Nthalane's relatives have been checked and will be monitored until the danger period is over, on Tuesday." Gloved health inspectors lined the grave with powdered chlorine-of-lime and then sprinkled layers of the powder in the sand as the grave was filled. Mr Nthalane's foreman, Rafik Kahn, said that neither he nor anyone else at the construction site had been medically examined. [Text] [Johannesburg THE SUNDAY STAR in English 14 Apr 85 p 11]

CSO: 5400/126

BANGLADESH

BRIEFS

CATTLE DISEASE OUTBREAK--Kishoreganj, March 24--Cattle disease has broken out in an epidemic form at different places in Nikli upazila. It is reported that the worst affected areas in the upazila are Guroi and Jareitola unions where the disease has been raging menacingly. In these two unions alone, the disease took a toll of about 15 cattleheads in a fortnight. Besides this, many more have been attacked and if immediate measures are not taken to contain the disease, a major disaster may result. It has been alleged that hundreds of cattleheads fall prey to different diseases in the vast Haor areas for want of necessary medicines and equipment in the veterinary hospitals. As a result, cultivators are hard faced with problems in tilling their lands for want of adequate number of bullocks. This, among other things, contributes to reducing production in the vast haors which form part of areas in the country. [Text] [Dhaka THE BANGLADESH TIMES in English 25 Mar 85 p 2]

CSO: 5450/0019

BELGIUM

AFRICAN SWINE FEVER IN WEST FLANDERS

Rotterdam NRC HANDELSBLAD in Dutch 13 Mar 85 pp 1, 13

[Article: "Swine Fever Threatens to Spread from Flanders to Brabant"]

[Text] Rotterdam, 13 Mar--The African swine fever has been discovered at six pig breeding farms in the Belgian province of West Flanders. Thus far thousands of animals have been slaughtered. The Belgian farmers association calls it a "disaster."

Pig breeders in the parts of this country that border on Belgium fear that the disease will spread to the Netherlands.

Agriculture Minister Braks has so far only forbidden the import of pigs and pork from the infected area. A spokesman from the NCB [North Brabant Christian Farmers Association] said this morning that given the importance of pig and pork exports to Belgium, the minister is presumably being cautious about taking further-reaching measures. As of yesterday countries including Italy, Denmark, and Britain have closed their borders to imports from Belgium.

Until now the African swine fever had only been found in southern European countries. No vaccine has been developed against the disease. F. Rambags, a veterinarian with the animal health service in Boxtel, says that it will be an incalculable disaster if the African swine fever spreads to the Netherlands. "That would be the end of our pig breeding for a while," says Rambags.

After cases of the African swine fever were discovered in West Flanders, Belgian State Secretary for Agriculture Paul de Keersmaeker decided to hermetically seal the entire area between the Ghent-Terneuzen canal and the French border. No pigs can be transported in that area. Dutch Minister of Agriculture Braks feels that for the time being Belgium is doing enough, which is why he still has not decided to ban all imports from Belgium, according to one of his spokesmen.

The African swine fever has been found in such countries as Italy, Spain, Portugal, and on Sardinia since the 1960's. Over the years many hundreds of thousands of pigs have been slaughtered there.

The symptoms of the African swine fever do not vary in any important way from those of the ordinary swine fever, although it is more likely to attack older

animals. The symptoms include diarrhea, high temperature, and subcutaneous hemorrhaging. The animals always die. Infected pigs are slaughtered and the bodies destroyed.

It is not yet known how the virus reached Belgium. It can be carried by imports of infected pigs, or the virus can be carried by people, and even by vaccines, according to Hanbags.

Another possibility is that Belgian pigs had feed from Spain that was infected with the virus.

If the fever spreads to the pig breeding farms of the southern Netherlands in particular, it could have disastrous results. More than half of all pig breeding farms are in Brabant and Limburg. Brabant is 70 percent dependent on exports of pigs and pork.

12593
CSO: 5400/2529

BELGIUM

AFRICAN SWINE FEVER CAUSES SOVIET BAN ON GRAIN IMPORTS

Brussels LE SOIR in French 29 Mar 85 pp 1,5

[Article by Guy Depas: "African Swine Fever is Costing us 10 Billion"]

> [Text] Butter and its derivatives, after malt and wheat; Moscow has just extended to dairy products the embargo it officially ordered in the middle of last week against importation into the Soviet Union of cereals passing through the ports of Anvers and Gand, under the pretext that it is guarding against the risks of contaminating its swine population. There is very little doubt that this attitude is dictated more by political considerations than health reasons, says a source in Belgian veterinary circles.
>
> But in any case this Soviet embargo is merely a nearly-negligible facet of the problem posed by the African swine fever epidemic which has just struck the entire area West of the Gand-Terneuzen Canal, the Escaut and the Espierre Canal.

According to early estimates, this disaster, which today is in the process of becoming technically controlled, since there remains only a single possible source of infection, could cost the Belgian economy 10 billion. Besides the breeding farms, the meat industry is being seriously threatened by the consequences of the problem. And the Belgian export trade, Flemish as well as Walloon, is in danger of suffering from it for a minimum of one year.

An aggravation, because: the international health agreements require that for 12 months after the disappearance of the last symptom of the disease, all of the hog production of the country--not just the production of the regions infected with African swine fever--would be hit with interdiction in the other countries, especially in the United States, Latin America, the Far East, etc. Important contracts have already been, or will soon be terminated by Chile, Argentina, the Philippines, Singapore, Malaysia and Thailand.

On 2 and 3 April the Belgians are going to plead their cause before the European Veterinary Commission. Although export licenses for products coming from uncontaminated areas and destined for the EEC are again being granted by Belgium as of 23 March, there is little hope that exports intended for the EEC will be released from the suspect zone before 7 April. Also, where the sources

of infection have actually been determined, it will probably be necessary to wait 3 or 4 months before intra-European trade can be resumed. And, we were told, meat that presents no danger for the human consumer will undoubtedly have to be consumed on the premises or stored in a very cold place--even though there may be enough refrigeration--whereas the local consumption potential does not exceed 10 percent of production.

Six Million Animals

To give an idea of the economic consequences of the disaster, apart from any immediate repercussion and ultimate effect on the export trade in fresh meat or basic meat products, it is no doubt useful to recall that the production of hog meat for the entire country is on the order of 6 million beasts.

With regard to the suspect zone, the swine population amounts to about 3.2 million units and 2.85 million for West Flanders alone. For the regions that are directly infected, the swine "population" is on the order of 1.2 to 1.4 million animals. Knowing that the average price of a hog is 6,000 francs, it is easy to imagine the size of the problem.

As far as the breeders are concerned, they will be fully compensated for the debilitated hogs, it seems, half by the European Community--which gave its agreement yesterday afternoon--and half by the Belgian Agriculture Fund. The meat that has not set off for the stockyard, however, will have to be stored. The EEC would agree to subsidize the refrigeration up to several dozen francs per kilo. Belgium would provide a similar contribution from its budget. But the operation would absolutely prove unprofitable at the promised price.

Under those circumstances, several processing firms--whose stocks are already high and approaching the limit--could quickly go broke, we were told. Even by checking production at the breeders' level as much as possible, it is obvious that their economic and social problem will not be solved if the EEC, and especially the other countries, does not agree, after a reasonable deadline has passed, to recontract with Belgium within the framework of the bilateral accords. Some destinations, in any case, will remain closed, notably the United States, where health regulations are extremely severe.

Because of Missiles?

But to return to the Soviet embargo on cereals and milk products being transported through Gand. Russian vessels have been diverted, as we pointed out in our Tuesday editions, to Rotterdam and Dunkirk. Now it would seem that others are being diverted to St Nazaire. Attempts at intervention by Belgian veterinarian inspection teams with Russian health services were still without effect as of Wednesday. The Soviet International Trade Ministry, for its part, had still not officially notified Belgian authorities of anything, we were told. The trade embargo is thus apparently accompanied by a diplomatic embargo. So much so that this curious affair is naturally being connected here--unofficially, of course--with the cooling of Belgo-Soviet relations that caused the Pegard incident, if not with the government's decision to welcome the American Cruise missiles in Belgium. That hypothesis was dismissed yesterday by the deputy burgomaster of the port of Anvers, Jan Huygebaert, as a result of his contact with Soviet trade circles.

He said, "There is no reason to think that the embargo on the loading of cereals by Soviet ships in the ports of Anvers and Gand is a measure of reprisal for the installation of the first 16 Euromissiles at Florennes."

8946
CSO: 5400/2533

COLOMBIA

BRIEFS

BLACKLEG EPIDEMIC DETECTED--Tunja, 19 March (by Gustavo Nunez Valero) Civic leaders of the province of Lengupa, located in the south east of this department, were said to be alarmed yesterday by the ravages which an epidemic of blackleg has been causing since last November. "At least 30 head of cattle are dying every month from this disease," a regional spokesman asserted, adding that "the ones who have been harmed most by this problem are the peasants with limited economic resources, because, since they lack money, they are not able to obtain the proper vaccine, and as a result have lost their livestock." Blackleg--a disease which is characterized by high fevers in the animals which suffer from it--has been detected specifically in the towns of Campohermoso, 122 kilometers from Tunja, and in Paez, 115 kilometers from the same city. In view of the seriousness of the situation, the civic leaders of the region requested the acting governor, Camilo Villareal Marquez, to arrange for the Secretariat of Agriculture and Cattle Production to send in experts to monitor the situation. In statements to EL ESPECTADOR the secretary of agriculture, Jose del Carmen Cuevas, reported that several veterinarians have already arrived in the towns mentioned. [Text] [Bogota EL ESPECTADOR in Spanish 20 Mar 85 p 12-A] 8131

PORK CANCER DETECTED--A new illness, unknown in the nation and which attacks the porcine species, has just been detected in a herd in the Bogota Savannah by the Colombian Agricultural-Livestock Institute (ICA) through the Pathology Program of the Veterinary Medical Research Laboratory (LIMV). Fernando Villafane Arevalo, director of the Livestock Studies Division of the institute, reported that it is the illness known as porcine lymphosarcoma, a cancer that primarily affects hogs under 1 year of age and that is invariably fatal, sometimes suddenly. The official indicated that this illness, reported for the first time in this nation, was identified through the ICA's continuous tracking of countryside problems. This action, he maintained, reinforces the governmental decision to establish in Colombia an exotic diseases unit to detect alien health problems of greatest danger to the nation, in order to establish control and/or eradication measures. [Excerpt] [Bogota EL SIGLO in Spanish 6 May 85 p 11]

CSO: 5400/2055

INDIA

OUTBREAK OF RINDERPEST IN BOMBAY AREA

Bombay THE TIMES OF INDIA in English 26 Mar 85 p 1

[Text] THANE, March 25--As many as 82 milch buffaloes have died in and around Thane because of an infectious disease known as rinderpest or cattle plague during the last three weeks. While seven died in Thane, 21 deaths were reported near Deonar abattoir in Greater Bombay.

Inquiries showed that 53 milch buffaloes in a stable known as Munnar estate near the Kopri railway bridge, Thane, were affected by the disease from March 4. Among these, 34 have been recovered and seven are under treatment, Dr. R. G. Kaganole, livestock development officer in charge of the veterinary dispensary at Thane, told this reporter today.

The stable is managed by one person and there are four units with about 365 milch buffaloes.

The veterinary dispensary is under the Thane zilla parishad and run by the state government. The veterinary officer stated that there were no reports of any other cattle suffering from this disease. However, as a precautionary measure, the Thane unit has vaccianted nearly 8,000 cattle during the last two weeks.

The latest outbreak, it was learnt, was because buffaloes, brought from upcountry, including Haryana, Gujarat and Delhi, for sale at Kalyan market were either not vaccinated or though vaccinated had not been immunised.

After getting reports that some buffaloes had suffered from rinderpest near Mumbra and Shil-phata on the Thane-Pune highway, Mr. V. D. Huilgol, deputy director, animal husbandry, Thane having his office at Mulund had issued a circular to his office to take up mass vaccination work and also cautioned the owners of the cattle in this area to get their cattle vaccinated in the first week of March.

Inquiries further showed that the infection originated in a stable near Shil-phata, which had 1,100 milch buffaloes recently brought from upcountry. These buffaloes were not vaccinated and when the rinderpest erupted, the owners tried to get their animals treated privately. In all, about 266 buffaloes suffered and 70 of them died.

The regional director of animal husbandry in Greater Bombay has issued orders for mass vaccination of all cattle and a close vigil is being maintained over the entry of cattle from other states.

Inspection of Sheds

The controller of cattle, through his licensing officers and inspectors, has intensified the inspection of cattlesheds and cattle markets to ensure that all milch cattle are vaccinated against rinderpest before allowed entry into Greater Bombay or Thane. All cattle owners have also been advised to have their cattle vaccinated.

In Bombay and Thane, there are about 79,000 licensed milch cattle, owned by 2,850 licensees.

A permanent squad at Jogeshwari railway yard regularly vaccinates cattle arriving on rail from neighbouring Gujarat and Haryana. However there is a trend to transport cattle from Guarat by trucks. Some of these cattle go unvaccinated. They could turn out to be carriers or themselves become victims of the virus.

The Maharashtra government through its animal husbandry department, offers the vaccine against rinderpest free to the cattle owners. The Indian Veterinary Research Institute, the Indian Veterinary Biological Products and the Bharatiya Agro-industries Foundation manufacture the vaccine.

The virus, rinderpest, attacks cattle, baffaloes and wild animals too. Known for ages, it is a disease well-understood. The viral attack manifests itself first in the form of fever and later in the form diarrhoea, dysentery, toxemia, renal failure and so on.

Earlier, the vaccine against rinderpest was produced from live goats. This vaccine was costly as the goats had to be sacrificed. This vaccine also caused side-reactions. It was not fit for cross-bred cattle.

CSO: 5450/0111

KENYA

BRIEFS

CATTLE DROUGHT COUNT GIVEN--Three million of the country's 10 million cattle died in last year's drought, an Assistant Minister for Agriculture and Livestock Development, Mr George Mwicigi, has said. Mr Mwicigi disclosed this when he presented certificates to 58 graduates who qualified as dairy assistants and rural managers at the Dairy Training School in Naivasha. He said 80 percent of Kenya's land could be classified as range land with rain and terrain that is unsuitable for crop production. The Assistant Minister stressed that such land was favourable for livestock rearing. He encouraged the graduates to advise farmers on zero grazing, artificial insemination services and improved feeds in a bid to increase production. Mr Mwicigi told the graduates to be patriotic and be willing to work anywhere in the country. Said Mr Mwicigi: "There have been instances of graduates coming to the headquarters seeking favours and even writing so that they are taken to places of their own choice." Warning that such a trend would not be tolerated, the Assistant Minister told the graduates they were expected to accept the postings readily and willingly. He said as agricultural and livestock products were Kenya's major income earners, "our farmers must be properly backed up to produce enough for our consumption and export." (KNA) [Text] [Nairobi DAILY NATION in English 10 Apr 85 p 24]

CSO: 5400/129

MEXICO

BRIEFS

DURANGO CATTLE TUBERCULOSIS, BRUCELLOSIS--Durango, 4 Feb--A large percentage of the dairy cattle in this region are afflicted with tuberculosis and brucellosis, said Juan Jose Nevares, head of the State Federation of Small Proprietors. He pointed out that cattle bought in the Lagunera Comarca and in the State of Mexico are the ones who suffer from a chronic form of these diseases. [Excerpt] [Mexico City EXCELSIOR in Spanish 5 Feb 85 p 28-A] 8131

CSO: 5400/2037

NIGERIA

COUNTRY WIDE, CONTINENT WIDE SITUATION NOTED

Enugu DAILY STAR in English 28 Feb 85 p 5

[Article by Muhammed Adamu]

[Excerpts] The UN Food and Agriculture Organisation, (FAO), traced the appearance of rinderpest on Africa's soil to 1889 when it was first noticed in the Horn of Africa, having arrived from Asia. Eight years later, it was believed to have spread throughout the continent.

Since then, there have been numerous campaigns to eradicate the disease, but as the FAO noted, "it has never been completely eradicated, even though many areas have been kept free of it".

One such area believed to have been rinderpest-free between 1974-80 was Nigeria, until 1980 and later 1983 when 1,000 outbreaks were recorded. These involved half of the nation's herd of six million cattle, with 1.6 m infected and 0.38 million which died.

The director of the National Veterinary Research Institute (NVRI) at Vom, in Plateau, Dr. Abubakar Lamorda estimates that direct loss to date is No 5 billion, with total losses, both direct and indirect, amounting to N1.5 billion. He noted that: "animal diseases, rinderpest inclusive per se in Nigeria are responsible for 30 to 46 per cent economic losses, or twice what obtains in the developed world".

If the economic loss is staggering, human cost through frustration and loss of livelihood is no less high, as several thousand herdsmen, frustrated and forced out of a livelihood, find themselves migrating to the urban centres where they work as "night watchmen".

Dr. Lamorde also said that the recent outbreak of rinderpest in the country showed that Nigeria could only remain free of the disease if its neighbours were free. This view reinforces the opinion of many experts that the outbreak in 1983 would have been less severe if Nigeria's borders were less porous to infected cattle from neighbouring countries. In 1982, for instance, the Sokoto Ministry of Agriculture claimed that about 39,000 heads of cattle crossed Nigerian borders illegally from the neighbouring Niger Republic.

The pre-eminence of the theory of the spread of rinderpest from outside, has some credence with even the FAO, which traced the 1980-83 outbreak to Sudan and Tanzania and later to Egypt and Chad, Niger and Nigeria.

FAO representative in Nigeria, Mr. J. L. Lijodi, said during the signing of a technical co-operation agreement with Nigeria on rinderpest control that the outbreak of the disease was attributable largely to the migration of cattle from countries with the disease to those which did not have effective preventive measures. This idea has thus emphasised the need for a continental rinderpest control campaign.

As part of the overall programme of action, the FAO is keen on multilateral and bilateral efforts such as the on-the-spot study already undertaken on rinderpest as a prelude to launching a joint Nigeria-Cameroun campaign. This was followed last December by an OAU/FAO Pan-African campaign against rinderpest.

Officials say that preliminary work for the East and West African zones of the campaign has been completed. Because of Nigeria's position in the "intensive campaign zone", it has been nominated to co-ordinate the campaign for the Central AFrican zone, which covers Chad, Niger, Cameroun and the Central African Republic.

The campaign, which is to span a ten year period is expected to cover 23 countries and will extend to two phases from Senegal to Somalia. During the first phase of four years, massive vaccination of cattle will the undertaken in countries where rinderpest exists, while the remaining six years, known as "the consolidation phase", will witness an attack on the remaining pockets of the disease and the mass vaccination of calves.

More than 400 million dose of vaccines, of which NVRI is to provide 18 million, will be required for the programme, which is to be executed through the Inter-African Bureau of Animal Resources (IBAR).

CSO: 5400/99

PORTUGAL

BRIEFS

AFRICAN SWINE FEVER CAMPAIGN--Spain and Portugal decided to intensify their joint activities to combat African swine fever at the conclusion of the 28th meeting on animal health and protection between Spain and Portugal which was held in Salamanca. The two delegations will meet again in July in order to coordinate plans to eradicate African swine fever, once informed of the Spanish Government's approval of the program. The delegations also decided to maintain a rapid and fluid information exchange between the two countries, especially in connection with the swine fever focal points which are found along the 20-kilometer border. A census of the animals, which will be identified by means of official cattle brands, and cattle examinations will also be the object of dialogue. The sanitary operation is related to agreements adopted to safeguard Iberian swine (in this area, the decisions approved state that the protection of Iberian swine is considered necessary for economic, social and ecological reasons as well as the preservation of the cynegetic patrimony). [Text] [Lisbon DIARIO DE NOTICIAS in Portuguese 2 Apr 85 p 11] 8870

CSO: 5400/2535

TANZANIA

BRIEFS

QUARANTINE IN MBEYA--Mbeya municipality, Utengule and Songwe divisions have been quarantined following an outbreak of foot and mouth diseases, the Mbeya district Livestock Development Officer Dr Godrey Kipuyo, has said. Under the quarantine, it is illegal to move cattle, goats, sheep, pigs or their products such as meat, hides and milk in and out of the areas without a permission from an authorised veterinary officer. [Text] [Dar es Salaam DAILY NEWS in English 12 Apr 85 p 3]

CSO: 5400/128

SWAZILAND

BRIEFS

RED WATER DISEASE OUTBREAK--Swaziland is losing more than E100,000 each year as a result of cattle dying of Red Water--a tick transmitted disease. According to Mr. Paul Zulu, an Assistant Animal Health Inspector from Mbabane, the outbreak of the disease may affect the consumption of meat and the economy of the country, as meat is one of the products exported to other countries. He stated that the outbreak of the disease is because cattle owners are reluctant to buy dipping chemicals even through government is running short of funds to buy the chemicals. Mr. Zulu said it started three years ago. He also said that the other cause of the outbreak is that the Bont tick, which is the tick that carries red water, has become resistant to arsenite of soda which was used in dipping tanks for killing ticks. He said a new chemical has been used to replace it and the cattle owners are reluctant to buy the chemical due to the fact that it is expensive. [Text] [Mbabane THE TIMES OF SWAZILAND in English 4 Apr 85 p 1]

CSO: 5400/124

ZIMBABWE

DECISION ON TSETSE CLEARANCE AWAITED

Harare THE FINANCIAL GAZETTE in English 4 Apr 85 p 21

[Text] The decision to go ahead with a major new offensive against tsetse fly will be taken next seek, against a backdrop of strong opposition from environmentalists.

Zimbabwe, Zambia, Malawi and Mozambique would benefit from an EEC-funded project to clear thousands of square kilometres of land of tsetse to open up for cattle ranching.

The scheme, to be decided upon next week, will cost $21 million.

The environmentalists argue against the move, saying tsetse protects the target areas from exploitation and running cattle on land of this marginal nature will lead to gross desertification through overgrazing which destroys vegetation and promotes erosion.

Trees Felled

Trees in the newly opened areas will also be felled for emergency grazing, say the enrivonmentalists.

But last week Zimbabwe's deputy director of veterinary services, Dr Stuart Hargreaves, defended the scheme, saying the authorities were aware of the risks and were "very, very concerned" about circumventing them.

He added that the Zimbabwean target area was already inhabited by people and cattle, so spraying against tsetse there would benefit an area already being used, not open vast new areas for exploitation.

But a report issued in 1982 by the Tsetse and Trypanosomiasis Control Branch warns of "severe degradation of pastures and woodlands which will follow tsetse eradication in areas of low rainfall and poor soil."

Criticism

It further admits that "our operations have been severely criticised by an informed public for exposing the land first to pollution and then to devastation by the uncontrolled introduction of cattle."

Further, the chemicals to be used in the programme are extremely controversial. Endosulfan, used in spraying, should not be used anywhere near rivers, swamps, streams or lake shores, say its manufacturers.

The second chemical, dieldrin, to be used in a baited traps, is banned in the West.

The Sunday Times of London quotes a tropical medicine expert Dr Walter Onerod, as saying the tsetse programme is not guaranteed to stamp out trypanosomiasis.

Other Carriers

The trypanosome parasite responsible for the disease could be carried by other insects not affected by the spraying, he says, and is found in Asia and Latin American countries where there is no tsetse fly.

Dr Hargreaves added that the tsetse control service sprayed 10 000 square kilometres a year, 2 000 aerially. But the new emphasis was on aerial spraying.

Fears that new infestations of tsetse breeding in Mozambique and Zambia could spread to Zimbabwe were allayed by Dr Hargreaves who said they were under control.

CSO: 5400/126

ZIMBABWE

CONCERN OVER CUTTING OF FOOT-AND-MOUTH FENCE

Harare THE HERALD in English 9 Mar 85 p 5

[Text]

VILLAGERS around Chitara in the Ndanga communal lands, Zaka, are cutting the fence erected by the Government to control the spread of foot and mouth disease, a veterinary spokesman has said.

The fence forms the boundary between the communal lands and the commercial farms east of Manjirenji Dam.

Cde Enock Chikwadze said the peasants continued cutting the fence and grazing their cattle in the commercial farms although several appeals had been made through party officials and councillors in the area.

However, some villagers recently denied cutting the fence. They said it was falling on its own and cattle were straying into the commercial farms without their knowledge.

They complained that the Department of Veterinary Services was branding their stray cattle.

Cde Amon Ndomani, who had 12 of his cattle branded after straying into the commercial farms, said the branded cattle could not be sold at any cattle sales.

"It is better for the Government to fine offenders than declare our cattle useless," Cde Ndomani said.

Meanwhile, the Department of Veterinary Services has given police in Nyanga permission to impound stray livestock and fine their owners.

Stray cattle and donkeys had become a menace in the town and residents have welcomed the new measures.

The cattle were destroying vegetable gardens and maize plots for residents as well as interfering with traffic.

Two weeks ago the local community court ordered Cde Robert Mapani to pay $100 compensation to Troutbeck Inn for the damage done to the hotel's golf course by his cattle. — ZIB.

CSO: 5400/106

WINDWARD ISLANDS JOIN IN WAR ON COCONUT MITE DISEASE

Bridgetown BARBADOS ADVOCATE in English 27 Feb 85 p 9

[Text]

ROSEAU, Dominica, Tuesday, (AP) — Agriculture officials from the four Windward Islands are seeking ways to eradicate the coconut mite disease, affecting both fruit and copra production in the important industry.

Dominica Agriculture Minister Heskieth Alexander said today that positive identification of the insect had been confirmed here.

"This means that the Windwards are now all infected with this pest, although in varying degrees of severity," Alexander said.

Agriculture Ministers from Dominica, Grenada, St. Lucia and St. Vincent and the Grenadines held a two-day meeting here to seek joint action in controlling the plant disease. The coconut industry accounts for some 30 per cent of the foreign exchange earnings of the four islands.

Mr. Alexander said Dominica was currently implementing a coconut rehabilitation and expansion programme under a nearly $4 million Canadian International Development Agency grant.

He said some 2 500 acres of coconut groves had been replanted and another 2 400 acres newly established.

Mr. Alexander also said Dominica had already asked for assistance in fighting the coconut mite from the United Nation's food and agriculture organisation and the Inter American Institute for Cooperation on Agriculture.

"We look forward to our joint action in finding solutions for eradicating, if not controlling this pest," the Agriculture Minister said.

CSO: 5440/034

BANGLADESH

BRIEFS

PEST-DAMAGED CROPS--Brahmanbaria, Mar 18--The prospect of Irri-Boro crops has become bleak in Brahmanbaria district. Pests like Pamri Poka attack crop plants in vast areas according to reports reaching here from 7 upazilas of the district. The reports stated that the Irri Boro crops in vast tracts of land in Chatalpar and Volakut union under Nasirnagar upazila Awail Pakishimul, Chunta, Shahbazpur, Noagaon and Kalikacha unions under Sarail Upazila, Ujanchar and Bancharampur unions under Bancharampur Upazila, Akhaura and Mogra unions under Akhaura Upazila, Kuti Bayek and Kaimpur unions under Kasba Upazila, Kaitala Union under Nabinagar Upazila, Basudeb Sultanpur and Sarifpur unions under Brahmanbaria, Sadar Upazila have been damaged by 'Pamri Poka.' The Agriculture officials it is learnt, are not taking tangible actions to combat the attack of pests. A spokesman of the District Agricultural Department told me that several committees have been formed in the affected areas to control the pests attack. [Text] [Dhaka THE BANGLADESH OBSERVER in English 22 Mar 85 p 5]

MORE CROP PESTS--Jhenidah, March 23--Extensive damage to Irri Boro fields by pest attack has been causing serious inconveniences to the local farmers. It is learnt that the farmers of the Harinakunda upazila have been facing troubles as there is no adequate quantity of insecticides in the upazila. It is apprehended that the entire area may be attacked by pests in no time if immediate steps are not taken to eradicate the pests. The most affected areas are Joradah, Vaina, Kapasati and Chandpur Unions of the Harinakunda upazila. The farmers of the area have urged upon the government to take necessary measures to combat the pest menace as early as possible. [Text] [Dhaka THE BANGLADESH TIMES in English 24 Mar 85 p 2]

KISHOREGANJ PEST ATTACK--Kishoreganj, Mar 18--Irri-Boro crops on vast tracts of land mostly in the haor areas in Kishorenganj district have been damaged following attack of Pamri Poka, a kind of insect. The affected unions are Dhanpur, Itna, Alongjuri, Rajtuti and Joyshiddi under Itna upazila, Bhaki, Kewarjuri, Ghagra, Mitamoin and Gopdighai under Mitamoin upazila, Karpasha, Danpara, Gurai, Singpur and Nikli under Nikli upazila, Abdullapur, Adapur, Banglapara, Kastul, Austagram and Kalmain under Austagram upazila. On the other hand, the price of insecticides has gone up in the local markets and most of the farmers cannot afford to purchase the same to combat the pest attack. Moreover, with the increase of price adulteration of insecticides has become rampant here resulting in ineffectiveness of insecticides. When

contacted the Deputy Director of Agriculture, Kishoreganj, confirmed the massive attack of Pamri Poka and said measures are being taken to spray pesticides to combat the widespread attack of insects. [Text] [Dhaka THE NEW NATION in English 20 Mar 85 p 2]

PESTS IN CHANDPUR--Faridganj (Chandpur) Mar 25--Pest (Pamri Poka) attack has started afresh in the Boro paddy fields at some villages of greater Matlab upazila under Chandpur district for the last few days. When contacted, a top agriculture official confirmed this report adding that necessary steps to combat the pest attack are being taken up by the department. The affected villages include Badarpur, Ashwinpur, Torky, Baishpur and Nabakolosh under Matlab upazila. It has been estimated that total area of Boro paddy fields attacked by pests is over 1000 acres. The farmers are extremely worried about the prospect of the harvest. Lack of spray machines and high price of insecticide etc are learnt to be hindering anti-pest measures. Reports of sporadic pest attack from the interior of Faridganj, Shahrasti, Hajiganj, Haimchar and Kachua upazila are also pouring in. The farmers have urged the authorities concerned to gear up steps so as to save the crops from the pest menace. [Text] [Dhaka THE NEW NATION in English 28 Mar 85 p 2]

CSO: 5450/0120

COLOMBIA

BRIEFS

COFFEE BLIGHT CONFIRMED IN CUNDINAMARCA--The government and the Federation of Coffee Growers discovered the presence of blight in the townships of San Juan de Rioseco and Viota in Cundinamarca and discounted rumors to the effect the disease had also reached Yacopi. It was learned unoificially that the most hard-hit township is Viota where it has been established that there are 8,000 contaminated trees over an area of 20 hectares on the La Victoria trail. The investigation was handled by the ICA (Colombian Agriculture and Livestock Institute). Simultaneously, experts from the Departmental Committee of Coffee Growers, who visited San Juan de Rioseco, found that 300 trees of the caturra variety and 50 trees of the Arabica variety had been stricken by the disease. It was also announced that the plantation is located on the El Chorrillo trail, in the Santa Rita estate. The alarm about the blight had been sounded since the end of last week. The townships in the department where the blight was detected are located in the western part and are considered as the biggest coffee producers. It was announced that the Committee of Coffee Growers was ordered to take steps to cope with this problem. The committee is now distributing agricultural inputs, equipment, and work materials and is helping the owners of the stricken estates. [Text] [Bogota EL TIEMPO in Spanish 23 Feb 85 p 4-C] 5058

CSO: 5400/2036

GUYANA

BRIEFS

SURINAME BORDER QUARANTINE UNIT--New Amsterdam, (GNA)--A quarantine unit will be established at the Springlands Ferry Stelling, Regional Vice-Chairman Joseph Scott said yesterday. Cde. Scott, together with Regional Agriculture Officer Hector Armogan and Specialist Agriculture Officer Ramnarine and the Regional Agriculture Coordinator Winston Samuels visited the border port recently and held talks with Customs and other officials. They also examined the type of trafficking engaged on the Corentyne between Guyanese and neighbouring Suriname. The Regional Vice-Chairman noted that for Guyana to protect its agriculture development, there must be greater vigilance to prevent the importation of harmful diseases which may be carried by animals, including pets--and plants. [Text] [Georgetown GUYANA CHRONICLE in English 8 Apr 85 p 5]

CSO: 5440/66

MALAYSIA

LEAF HOPPER INFESTS KEDAH, PERLIS RICE

Kuala Lumpur NEW STRAITS TIMES in English 18 Feb 85 p 10

[Article by P. Parameswaran]

[Excerpt]

AN insect, hardly the size of a rice grain, is wreaking havoc on the lives of padi farmers in Malaysia's rice bowl.

It was partly responsible for the Sultan of Kedah ordering moderate-scale celebrations for his birthday last year. The Sultan was touched by the plight of the farmers who had been asked to skip planting for a season to prevent the insect from breeding.

The devastating effect of the insect was also a topic of discussion for the nation's leaders at a Cabinet meeting recently.

The pest is no other than the green leaf hopper -- carrier of the *penyakit merah* viral disease that has ravaged $130 million worth of padi on 96,000 hectares in the Muda Agriculture Development Authority (Mada) area, covering Kedah and Perlis, since 1981.

The *penyakit merah* also attacks padi crops in all rice-producing countries in Southeast Asia but agricultural scientists say Malaysia is the worst affected.

The disease was found to occur in five-year cycles since it was detected in Krian, Perak, in 1933, but has now entrenched itself in the country's rice bowl where it takes a heavy toll on the basically subsistence farmers who toil in their small farms for their daily livelihood.

All year through, the green leaf hopper feeds continuously on padi plants or within three days it loses its infectiousness, explains a spokesman for the Malaysian Agriculture Research and Development Institute (Mardi).

"By feeding on the plants, it transmits the virus which stunts their growth and turns them into a yellowish and, later, rusty-red colour. The padi husks will be blackish and empty," he says.

The smaller the plants, the more susceptible they are to the *penyakit merah*.

"If it is the seedlings which are attacked, then it is a 100 per cent loss," he says.

An entomologist warns that the green leaf hopper will be a permanent feature in Malaysia unless "something dramatic" occurs. No one doubts this. Even other scientists and the Government.

'Danced'

For one thing, enormous amounts of money have been poured into measures by the Agriculture Department to wipe out the vector but these efforts have succeeded only to the extent of reducing the population of the pest.

Agriculture director-general Datuk Abu Bakar Mahmud dwells at length on the department's multi-pronged approach to combat the disease.

He speaks of the use of insecticides to control the green leaf hopper, training of extension staff to explain to the farmers the dangers of the disease and ways to keep the fields vector-free, publicity campaigns, devising a fixed planting schedule, planting varieties of padi resistant to *penyakit merah* ...

These were the massive efforts undertaken over the last couple of years to arrest the disease. But one thing is clear: success was achieved only to a certain extent, and partly due to some of the farmers themselves.

Last year, Mada decided that the best way to fight the disease was to kill the virus by drying up padi land. Farmers were not to plant padi from Oct 31 the previous year because Mada would stop the supply of water to the padi fields for a month from Jan 15.

CSO: 5400/4370

TRINIDAD AND TOBAGO

LOCUST PLAGUE SPARKS FARMER OUTCRY, GOVERNMENT ACTION

Destruction of Produce

Port-of-Spain TRINIDAD GUARDIAN in English 17 Apr 85 p 7

[Text] San Fernando--Farmers of the Amalgamated Agricultural Societies-Erin, Santa Flora, Thick Village and Edward Trace, Moruga, are planning to protest the lack of action by the authorities over the locust invasion by going to Whitehall in Port-of-Spain.

The action stems from the "utter frustration and grave disappointment" which farmers said yesterday they had suffered as a result of the "unfulfilled promises" made since March by the Ministry of Agriculture, Lands and Food Production that every effort would be made to stem the invasion of locusts that has been affecting them.

Although farmers took samples of the locusts which they said were eating up everything from vegetables to small trees to the ministry earlier this year, and had got assurances from the Minister, Mr. Kamaluddin Mohammed himself when they met him in Port of Spain in mid-March, they claimed "nothing has been done to eradicate the pests."

They said that Mr. Ian Lawrie, manager of agricultural division of Caroni Limited had confirmed that arrangements were being negotiated for the Caroni spraying contractors to undertake the assignment. But farmers said yesterday "absolutely nothing has been done."

Present Outbreak

Farmers added that the locusts were spreading, destroying agricultural produce.

Said a spokesman for the Amalgamated Societies: "It has now become apparent to the 1,861 farmers of the Amalgamated Societies that the ministry's concern for agricultural development is centred only in certain areas."

He said that two maxi taxis were moving out of Erin to join others at Edward Trace, Moruga, for the trip to Whitehall. They will collect locusts to be taken to Port of Spain.

Meanwhile, a statement issued by the ministry late yesterday said a vigorous spraying programme will start today in the Moruga and surrounding districts, to control the present outbreak of locusts in these areas. The Research and Extension Divisions of this ministry have teamed up to work steadily on an action programme for alleviating the problem which is affecting farmers in these areas.

Aerial surveys have been completed and the ministry is now in a position to start ground spraying in areas severely affected.

Spread to North

Port-of-Spain EXPRESS in English 18 Apr 85 p 5

[Text] **GROUND spraying operations began yesterday at Moruga in an attempt to eradicate the problems posed by swarms of locusts.**

This decision was taken after a delegation of southern farmers, headed by Dr Raymond Noel, came to Port of Spain and met at the Ministry of Agriculture, Lands and Food Production with permanent secretary Dr Patrick Alleyne, acting Chief Technical Officer Dr Edmund Jones, and acting Director of Extension Horatio Nelson on Tuesday.

The delegation came out of the meeting with an agreement for farmers to provide the bulk of the manpower in the ground-spraying operations. The ministry supplied three men, equipment and chemicals.

Jones said the spraying would continue until the problem was brought under control.

Locust-stricken farmers in south Trinidad collected thousands of the insects to distribute in plantations in northern farming communities, signalling the start of their campaign aimed at highlighting a problem which has reached "crisis proportions."

The decision to spread the "plague" to northern and eastern farming districts was taken at a stormy meeting of the Amalgamated District Agricultural Societies of Erin, Santa Flora, Thick Village and Edwards Trace Moruga.

The three-hour meeting, which was attended by some 131 farmers, was held at the Erin community centre. Originally it was expected to be an executive meeting but a large contingent of Moruga farmers turned up to raise the locust problem.

"We intend to show this up as a national crisis and not portray it as an isolated case as the Ministry of Agriculture is treating it," Wilfred Hall told the EXPRESS San Fernando Desk. Hall charged that the ministry had favoured farmers in the East-West Corridor, adding that it would have acted on the problem if the locusts had struck those districts.

Asked if he felt that it would be unfair to the northern farmers if the locusts were placed in their fields, Hall said: "Our livelihood is being taken away and you cannot say what is fair or what is unfair in trying to protect your livelihood.

So far in the Moruga district the locusts had devastated approximately 500 acres of cocoa, coffee and citrus plantations.

He said just recently the ministry had promised to send a technical team to the area. After the team's visit was announced, Moruga farmers vacated a building to give way to the ministry's personnel. But he said the farmers were thoroughly dissatisfied with the ministry's "inactivity."

When the EXPRESS San Fernando Desk contacted Agriculture Minister Kamaluddin Mohammed, he said he was very sympathetic to the farmers. Mohammed recalled that he had met a delegation of the affected Moruga farmers, adding that he had also pointed out that it would be very costly to carry out an aerial spraying programme to eradicate the locusts.

CSO: 5440/062

VIETNAM

CROP PROTECTION DEPARTMENT WARNS OF PESTS

OW220601 Hanoi Domestic Service in Vietnamese 1100 GMT 20 Apr 85

[Text] A vegetation protection department's notice says, in the recent past, rice blast in the northern delta provinces has developed more slowly than before. So far, only about 16,000 hectares of rice have been affected.

In Thanh Hoa and Nghe Tinh, rice blast affecting rice leaves has been somewhat checked. In Binh Tri Thien, rice blast is still ravaging the pedicles of rice blossoms: the same ravages have also been found in patches of the late winter-spring rice in central Vietnam's coastal areas. In addition, young stem borers are proliferating in the coastal provinces of central Vietnam, and young insect ravages are prevalent in many areas. Leaf rollers and late blight are proliferating and affecting soybeans; cirphis salebrosa is ravaging corn; common scab and alteraria oryzae are ravaging jute.

In the south, rice thrips are ravaging the summer-fall rice; in addition, rice gall flies, rice planthoppers, brown planthoppers, and leaf folders are affecting the late winter-spring in the Mekong Delta provinces.

It is forecast that, in the coming period, in the northern provinces, rice blast may continue its ravages over larger areas; rice leaf beetles, leaf folders, and brown planthoppers will cause localized damage in fifth month-spring rice; later blight and leaf folders will proliferate on soybeans; hemerophila atrineatia and leaf-eating caterpillars will begin their ravages. In the southern provinces, stem borers, rice thrips, and rice armyworms will affect rice plants, notably of the summer-fall and spring-summer rice. Therefore, all localities should continue to tend the rice and protect it from rice pests in order to achieve high yields.

CSO: 5400/4379

REPORT ON CROP PESTS NATIONWIDE ISSUED

OW131847 Hanoi Domestic Service in Vietnamese 1100 GMT 12 Apr 85

[Text] The Vegetation Protection Department recently issued a notice on the current status of damage caused by rice blast, rice leaf beetles, and stem borers to the winter-spring rice crop.

More than 40,000 hectares of rice have been affected by rice blast which must be eradicated. Rice leaf beetles are continuing to cause damage in many provinces, including Hai Hung and Ha Nam Ninh. Moreover, rice planthoppers and root suffocation disease have appeared in some areas of northern Vietnam. Leaf-eating caterpillars are damaging the winter-spring rice in the Mekong Delta provinces. Rice armyworms are causing damage in some areas of the central coastal provinces. Other crop pests include soybean leafminer flies, erannis tiliera, heliothis zeae, and tobacco cut worms.

It is forecast that rice blast will continue to develop in the future while rice leaf beetles will continue to cause damage in low-lying rice fields. Late blight, stem borers, leaf-eating caterpillars, erannis tiliera, and bugs will continue to damage soybeans and peanuts in particular.

It is suggested that localities intensively inspect ricefields and rationally zone the rice blast-affected areas while actively eradicating stem borers, rice elaf beetles, and other crop pests.

The southern provinces should promptly eradicate harmful insects in the winter-spring rice lands to prevent them from spreading and damaging the summer-fall rice crop.

CSO: 5400/4378

RICE BLAST, PESTS DAMAGE CROPS IN PROVINCES

BK020550 Hanoi Domestic Service in Vietnamese 0500 GMT 1 May 85

[Text] The Plant Protection Department of the Ministry of Agriculture has reported that rice blast, leaf folders, leaf beetles, stem borers, other types of rice bugs, green jute measuring worms, and corn bugs are still affecting the winter-spring crops at present. Rice blast is now ravaging approximately 100,000 hectares chiefly in Nghe Tinh, Thai Binh, and Haiphong. In Nghe Tinh Province alone, rice plants on more than 5,000 hectares have wilted; and scattered, localized damage to the rice crop has been reported in some central coastal provinces.

Leaf folders are developing rapidly in the northern provinces. Larvae of the second litter have hatched en masse since late April. Leaf beetles and stem borers have continued to cause damage to the rice crop in many northern provinces.

Meanwhile, brown and white-backed rice planthoppers have appeared in Tay Ninh and Dong Thap. Green measuring worms are starting to harm the jute crop, and bugs are harming the corn crop.

It is forecast that in the coming period, blast will continue to damage the spring rice; leaf beetles, leaf folders, and stem folders will increase the intensity of their damage; and green measuring worms will cause more harm to the jute crop. Therefore, all localities are requested to concentrate on controlling rice blast before the rice plants blossom, exterminating leaf beetles and leaf rollers by spraying insecticides and employing manual methods, and controlling jute worms and corn beetles in an effort to prevent harmful insects and diseases from spreading and causing extensive damage as in the previous winter-spring crop season.

CSO: 5400/4384

VIETNAM

RICE BLAST REPORTED IN NORTH

Hanoi NHAN DAN in Vietnamese 31 Mar 85 p 1

[Article: "In the North, Winter-Spring Rice Grows Well but over 84,000 Hectares Affected by Insects and Diseases; In the South, Intensive Preparation for Summer-Fall Crop and Plowing of 130,000 Hectares of Land"]

[Text] As reported by the Directorate General of Statistics and the Directorate of Vegetative Protection (Ministry of Agriculture), as of 25 March over 735,000 hectares of winter-spring rice were transplanted, reaching 99.1 percent of the national plan. Winter-spring rice developed well, but in the northern provinces, there were 84,295 hectares affected by insects and diseases, mostly by rice blast. Over 33,000 hectares in the provinces of Nghe Tinh and nearly 18,000 hectares in Binh Tri Thien were hit by diseases. Since after the lunar new year, an overcast sky lingered and made it easy for insects to hatch and grow. Most noteworthy was the fact that rice blast struck early in a widespread area and increased from two to threefold compared with the same period last year. In a certain number of provinces such as Thai Binh, Hai Hung and Ha Son Binh, rice blast which was nonexistent or appeared only in small areas in the same period of previous years, struck thousands of hectares this year. Rice hispa eggs and stem borer moths also appeared in those localities with a pretty high density of from 300 to 500 nests per sq meter, or as high as from 600 to 800 nests per sq meter in certain areas.

The Directorate General of Material Supplies (Ministry of Agriculture) has promptly transferred nearly 100 tons of insecticides to localities to assist insect eradication units. Meanwhile, it has also transferred over 40 tons of raw materials to insecticide manufacturing plants for further distribution of insecticides. Localities intensified eradication activities such as thorough planning, insect alert and integrated measures: discontinuance of nitrogenous fertilizers and maintenance of a proper water level in areas affected by rice blast, economical use of fertilizers, and heavy insecticide treatment of severely affected lands.

In the south, winter-spring rice has all ripened. As of 25 March, provinces harvested 35 percent of the planted area. Output was satisfactory in An Giang with 52.9, Tien Giang with 41.8, Phu Khanh with 41.5, Kien Giang with 40, and Long An with 33.3 quintals per hectare. In parallel with the harvest of winter-spring rice, localities assigned adequate labor forces for the intensive

preparation for the summer-fall rice crop. They have plowed over 130,000 hectares of land and transplanted over 10,000 hectares. The agricultural material supplies sector has also hauled to localities fertilizers for the summer-fall crop, reaching over 30 percent of its plan.

9458
CSO: 5400/3380

BRIEFS

CROP PROTECTION DEPARTMENT REMINDER--The Ministry of Agriculture's Vegetation Protection Department recently sent a message to the northern provincial agricultural services. The message reads: Brom Binh Tri Thien Province northward, up to 130,000 hectares of the 5th month-spring rice has been ravaged by insects and rice blast. In the delta provinces, tens of thousands of hectares of rice paddies have been affected by rice leaf beetles. In some areas stem borers are beginning to cause rice stalks to wilt. In the recent past, rice-pest prevention and control has not been done well. In order to properly protect the rice and minimize pest ravages, the Vegetation Protection Department reminds all localities to regularly check rice paddies, remove withering rice stalks to eliminate stem borers, strip young rice leaf beetles from rice leaves, scoopnet fully grown insects, and spray the rice paddies heavily ravaged by rice blast with (khinosan) or (kitazin) insecticides. Nitrogenous fertilizer should be used with caution in pest-affected padding. [Text] [Hanoi Domestic Service in Vietnamese 1100 GMT 13 Apr 85 OW]

HAIPHONG RICE BLAST--More than 25 percent of the 5th-month spring rice of suburban areas of Haiphong municipality has been ravaged by rice blast and cotton leaf rollers. The municipal vegetation protection service is supplying various districts with insecticide and spray equipment to cope with these harmful insects. So far, Vinh Bao District has saved almost 3,000 hectares of ricefield, while Do Son District is eliminating rice blast on 20 percent of its cultivated area. [Summary] [Hanoi Domestic Service in Vietnamese 2300 GMT 5 May 85 BK]

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